

Oral Hygiene

VOL. 35, NO. 10

OCTOBER 1945

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**Important Clinical
Investigation shows—**

**95%
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CASES IMPROVED
IN 30 DAYS**

Out of a group of patients given individual dental examinations, 795 were found to be Gingivitis cases.

Approximately half the patients were first given prophylaxis. ALL were instructed to massage gums with Forhan's toothpaste. In 30 days:

*95% of the Gingivitis cases showed marked improvement
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in healthy condition*

Surely these significant results should justify *your* recommending Forhan's with massage as an effective home adjuvant to help guard against Gingivitis!

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Picture of the Month



SOLDIERS in a remote jungle post in Panama line up for their turns in the dentist's chair housed in this Mobile Dental Unit. Checking the appointment list (in doorway) is Captain Robert A. De Lange, dental officer with the unit, from Lockport, New York. With him is his operative assistant, Corporal Dominic Guido, Brooklyn, New York, who doubles as driver. The Mobile Dental Unit makes the rounds of jungle stations in the Panama Canal Department to provide the troops with all necessary dental service without interrupting their never-ending vigil over the Canal.—*Photograph by Signal Corps, U. S. Army Panama Canal Department.*

Ten dollars will be paid for the picture used in this department each month. Send gloss prints with return postage to Oral Hygiene, 708 Church Street, Evanston, Illinois.



Figure 1—Gold inlays that failed.

WHAT MAKES DENTISTRY FAIL?

By FRED D. MILLER, D.D.S.

DENTAL PUBLICATIONS have been crowded lately with all sorts of articles regarding economic problems—socialized dentistry, dentistry for the masses, health dentistry, the possibilities of insurance dentistry, the Murray-Wagner-Dingell Bill, what it may do *to* dentistry, what it may do *for* dentistry, production-line dentistry, and dentistry for the indigent.

In all this heated discussion there is something that is being overlooked. What about recurrent caries? This does not seem to be considered when the problems of dental care are discussed. It would seem that when once a dental oper-

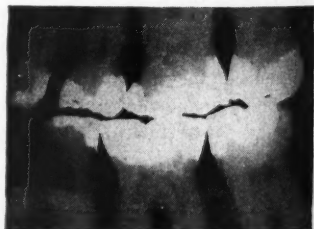
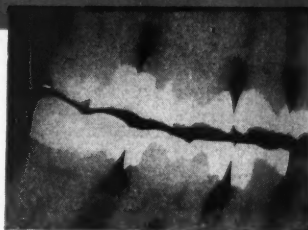


Figure 2—Inlays were placed in this mouth in 1913. Note splendid condition of bone.

Dentistry is tedious, painstaking, exacting—we hate to see it fail.

ation is performed or a restoration is placed in a tooth that is the end. But is it?

Somebody has said, "It isn't so important what kind of a disease a patient has, as what kind of a patient the disease has." Let us apply this to dentistry. Of course, it is important to restore any tooth as well as it can be done, but the kind of a restoration you place in a tooth is not so important as the character of the tooth in which you place it.

The other day I photographed a collection of old gold inlays shown in Figure 1, 236 by actual count. Some of these were my own failures, but quite a few of these restorations I had placed in teeth with care, thought, and patience; even so they failed. Why? I think I know. I believe these restorations failed because the patients *failed*. They *failed* to cooperate in a proper program of correct daily food habits, regular care, and periodic examinations. I would rather believe that than to believe that every inlay I ever placed in a tooth is going to fail.

I am also sure of a few other things, because these things have been part of my clinical experiences and, I believe, of yours. You have seen, as I have, inlays that have remained in teeth for over



Figure 3—This patient has been given regular dental care for twenty-five years starting with prenatal care for her mother. She has one inlay.

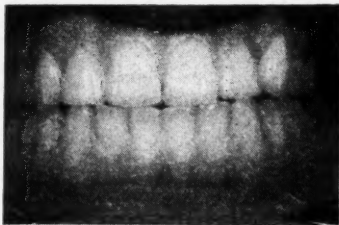


Figure 4—These teeth have received a prophylaxis at least every six months over a period of twenty-four years from six different dental hygienists in Doctor Miller's office. Note the healthy appearance of the gingivae.

twenty-five years. Figure 2 shows a mouth with a number of inlays that have been in place for thirty-one years.

This is proof to me that in some teeth some inlays will stay in place from twenty-five to thirty years. But there are some failures in five, ten, fifteen years. Why? Was it the fault of the margins, the cement, the flow of gold under excessive stress of mastication, or the flow of gold from trauma?

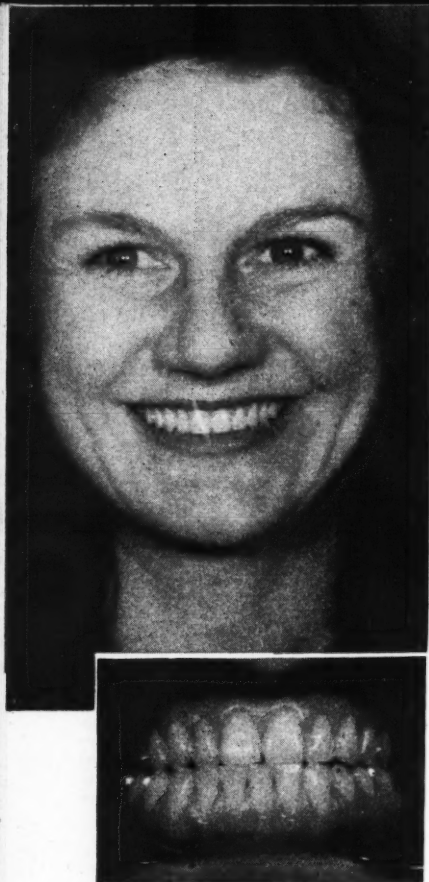


Figure 5—A patient of Doctor Miller's for many years; the excellent condition of her teeth is apparent in the photographs.

Results Depend on Patient

All of these are factors to be considered but I would rather blame the recurrent caries on the kind of a tooth and the kind of a mouth, the kind of saliva, and the kind of a patient in whose mouth these

restorations were placed. Other mouths with other inlays in other patients had *no* recurrent caries and there was no difference in the construction of the inlays.

When we approach any problem of dental care, we must consider the D M F (decayed, missing, filled) surfaces in any dental survey. In addition to this we must consider the problem of *recurrent caries* and *what to do about it*.

With proper home care, good daily food habits, annual roentgenographic checkups, periodic prophylactic service, *timely* dental caries can be retarded, controlled teeth can be built and maintained from the age of 2 through the adult years.

These are some of the things that I have found to be true:

1. A normal, healthy, properly nourished tooth is never sensitive (not even to the bur—I do not mean to overheating). A sensitive tooth is *sick* and *improperly nourished*.

2. When the bone is dense enough to hold the tooth firm in the socket, the teeth will wear to occlusal harmony and balance. Conversely, when the bone is not dense enough to hold the tooth firm enough in its socket, the tooth becomes loose and the bone and gingivae recede.

I also believe these things based upon clinical experiences: that a vital tooth is constantly nourished from the pulp and that all of the tooth-building materials—calcium; phosphorus; magnesium, which

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has to do with tooth density; fluorine; silicon; along with optimal amounts of Vitamin C and probably the B Complex from natural sources—play important roles in keeping a tooth normal and healthy and highly resistant to caries or erosion. The normal tooth retains its dense and sclerotic structure.

When a tooth is deprived of these natural mineral constituents and becomes deficient in vitamins from natural sources, the tooth becomes soft and hypersensitive. Any vital thing such as a tooth is nourished right up to the dento-enamel junction. A blood stream which can supply the mineral constituents of the tooth can take away from the tooth these same elements when they are needed in some other part of the body in order to maintain the vitality of the organism. I have observed in my thirty-three years of practice that such teeth can later become dense, sclerotic, and insensitive.

I have also learned that no mouth can be maintained in a state of dental health if teeth are missing. There must be a full complement of teeth in continuous contact

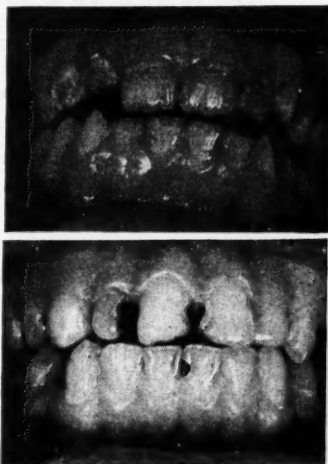


Figure 6—These photographs are examples of severe dental caries and teeth neglect in young persons.

to maintain occlusal harmony and balance.

These are my observations and conclusions during more than thirty years of clinical experiences. I reserve the right to change my mind when other evidence is presented that makes my thoughts and findings illogical.

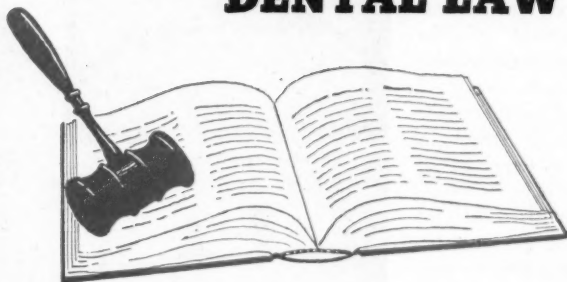
1122 Twelfth Avenue
Altoona, Pennsylvania

ORAL HYGIENE AWARD

THIS MONTH'S \$100 Oral Hygiene award for the best article published goes to Fred D. Miller, D. D. S.



LANGUAGE IN THE DENTAL LAW



Expert formulation of dental laws has become increasingly important to the profession and to the health of the public.

By NATHAN KOBRIN, D.D.S.

LAWS ARE AN index of the functioning social and cultural patterns of the times. Dental laws reflect the public concern and interest in the dental phase of public health activities. They are based on the inherent right of the government to enact and enforce legislation designed to protect and promote the health, safety, order, comfort, peace, and general welfare of the people. The exercise of this right of police power is broad. It extends to the persons and property of all people, to every business and corporation.

Utilizing this principle, Alabama, in 1841, enacted the first dental law in American history; making the practice of dentistry in that state contingent upon a

state license. Subsequent laws setting forth essential educational, technical, and moral qualifications, imposing standards and specifications for the conduct of the practice of dentistry, likewise, were based upon police power. The courts have seldom interfered with the ruling of a state refusing to issue a license or with its revocation of a license. They have decided that a license is not a contract but a privilege granted by the state.

Laws are written with words, and words are subject to various interpretations according to time, place, and circumstance. The language must be clear and specific, and the subject matter, direct, logical, and orderly. Said Elihu Root, "There is a useless law suit in every useless word of a statute and

every loose, sloppy phrase plays the part of the typhoid carrier." In Public Health Law, James A. Tobey, discussing the preparation and adoption of health legislation, warns that "It is apparent that if such laws are to stand the test of court analysis and are to advance the cause of public health, they must be written by informed persons and not by dilettantes, as seems unfortunately to have been the case too often in the past."

Drafting Legislation

The job of drafting a bill is an art. It requires a special technique together with a wide knowledge of general public health policy. Declares a dental editor in a personal communication, "I have seen dental societies stewing over a proposed dental law. Dentists sit around a table trying to formulate a bill. This is as absurd as if a lawyer were to attempt to write an article on dental prosthesis."

One would expect to find among the many laws of the forty-eight states affecting dentistry, a concise definition of a dentist and dentistry. But I have not yet found such specific information. Thus, S. 1099, introduced into the U. S. Senate by Senators George D. Aiken and Claude Pepper "to provide assistance to states in developing and maintaining dental health programs" through grants in order to evolve "more effective measures for the prevention, treatment, and control of dental diseases," does not define dental diseases.

But S. 190, introduced by Senator James E. Murray "to provide for, foster, and aid in coordinating research relating to dental diseases and conditions," expressly states that "the term 'dental diseases and conditions' shall mean diseases and conditions affecting teeth and their supporting structures and other related diseases of the mouth." However, most dentists have a "degree of doctor of dental surgery" and students at college are taught, and practitioners daily operate and use as reference books, "Practical Anesthesia for Dental and Oral Surgery," "Oral Diseases and Malformations," "Oral Pathology," "Oral Medicine," "Dental Pathology and Therapeutics," "The Atlas of Dental and Oral Pathology," "Atlas of the Mouth and Adjacent Parts in Health and Disease."

When textbook writers and dental authorities use their professional nomenclature indifferently, it is not surprising that lawmakers cannot map the area of dental activity. This has not been of great consequence during the past century while dentistry was establishing itself among the recognized professions, but it is becoming a more serious problem today as social policy is growing ever more concerned with the Nation's health.

Interpretation of Dental Laws

Recent trends in this country indicate that a concerted effort is be-

ing made and will be made increasingly to develop ways and means to distribute health care to our citizenry more democratically. The two dental bills mentioned and the new Wagner-Murray Bill S. 1050 introduced in May highlight this effort on the federal level. Legislators in many states have proposed parallel bills. The legislative committees of the allied medical professions are kept busy studying and reporting upon them. Legislative news is priority material in our journals.

Language in the dental law has assumed significantly greater importance as the tendency for group dental practice has grown and the insistence on expanded public dental health services has mounted. In California Dean Sloman has already pointed out that physicians can, and often do, appropriate the field of oral surgery and extractions. Fractures of the maxilla and mandible are treated by physicians and dentists. But some states, under their Workmen's Compensation Laws, will not honor a dentist's bill for this service because the text of the law does not define the specific province of dentistry. Other states are stringent in the matter of fixed fees and advertising. In Brooklyn, the Veterans' Welfare Committee of the Kings County Dental Society decided that the public, through the press, should be apprised of the names and office addresses of the veterans returning to private practice. As a precautionary meas-

ure, the opinion of the authorities was first obtained. Approval was given on the theory that a single announcement may not constitute advertising.

Enabling Legislation

Prepayment plans for health care in most states require a special enabling legislation. In California, a nonprofit membership corporation can operate a medical service plan if, among other things, one-fourth of the licensed physicians in the state become professional members and if the corporation is licensed by the Board of Medical Examiners (Civil Code, Sec. 593a). Under this law the California Physicians' Service began operation in 1941. The State Insurance Commission contended that the corporation also had to qualify under the state insurance laws; the case was fought through to the highest court where the corporation won the verdict. In New York inauguration of prepayment plans for dental care would require amendment of the section of the insurance law under Article 9c to specifically include dental care. But, declares Doctor David B. Ast, Chief of the Dental Bureau of the New York State Department of Health, "If the dental care for children was to be rendered by the state and did not call for any payment by the individuals treated, there, of course, would be no need for further legislation."

Two recent state dental laws

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focus attention upon the extreme caution which must be taken when writing laws. New Mexico Bill H. 134 adopts a new definition of dentistry. "Dental technicians, when working under the direct supervision or written authority of a dentist, are exempted from the provisions relating to impression taking and construction of artificial dentures." Illinois Bill H. 358 provides "that no dentist shall manufacture dentures from impressions that have not been made under the

personal supervision of a licensed dentist."¹ Both are ambiguous, confusing, and dangerous. They undermine the unity and integrity of the dental profession and render it susceptible to unsound experimentation.

Dentistry must pursue a broad social policy. But as an intelligent profession, for its own welfare and that of the public, it should not assume a careless attitude toward the language in the law.

¹New Legislation of Dental Interest in Various States, J.A.D.A. Mid-Monthly Issue 32:659 (May 15) 1945.

7802 Fifth Avenue

Brooklyn 9, New York

THE COVER

THIS MONTH, ORAL HYGIENE's cover publicizes the National War Fund's Third Annual Appeal, at the request of that organization. Victory over Japan does not alter the need for the appeal. The nineteen member agencies which Americans are asked to support still have a big job ahead. USO and USO-Camp Shows have been asked by the Military to continue their programs for our servicemen and women—until demobilization is an actuality. Other services supported by the National War Fund are also deserving of your aid. Moreover, the need for relief in Europe is great. President Truman's radio report to the people emphasizes this: "If we let Europe go cold and hungry, we may lose some of the foundations of order on which the hope for world peace must rest."

ORAL HYGIENE IS REACHING DENTAL CORPS OFFICERS

FOR MANY MONTHS, ORAL HYGIENE has been mailed to every member of the Army and Navy Dental Corps whose address has been furnished to us. Copies for those overseas are sent by first-class mail. Each DENTAL DIGEST subscriber in service continues to receive the magazine without further charge.

CIVILIAN DENTISTS CAN AID VETERANS RETURNING FROM SERVICE

By A DENTAL OFFICER

Plans should be made now to prepare the way for dentists seeking to re-establish their practices.

THE RETURN of Service dentists to civilian life will bring a number of problems of serious consequence to the dental profession. If, on the surface, the returning dentist seems only older and grimmer, in actuality his whole outlook will have changed as a result of his experiences in the Service. It is incumbent, therefore, upon those who are interested in preserving unity and solidarity in our profession to evaluate carefully this new outlook so that we may help to make his return to the ranks of civilian dentistry as smooth and as harmonious as possible.

If we are to be realistic we must realize that the majority of dentists have never been happy in the Service. Quite apart from the question of the sacrifices made, we must take into consideration the fact that the Dental Corps has been relegated to a role of minor importance both with reference to

administrative affairs generally and in the Medical Corps particularly. Finally, it must be stated unequivocally that Service dentists have formed the opinion that civilian dentists have not manifested the anticipated interest either in the nature of the dental program of the Army or in the welfare of their colleagues in the Dental Corps. As a result, the average Service dentist has developed an understandable feeling of frustration, and this frustration has been transferred into an attitude of cynical pessimism toward his civilian colleagues.

Every temptation exists to slur over this situation in the blind hope that time and prosperity will heal the breach. The men who insist upon bringing this problem to light will undoubtedly be stigmatized as "alarmists." However, a policy of "hush-hush" is one fraught with consequences of the

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gravest danger for the profession. The events of the last few years have taught us that problems which are not faced squarely have a tendency to be driven underground where they multiply in size and complexity only to rear their heads later with explosive violence. And while no one expects that there will be any immediate or outward manifestations of this diversity in outlook, it is inevitable that as time goes on, unless measures are taken to forestall it, it will have many insidious repercussions within our profession.

Everyone is aware that the status of organized dentistry today is such that, while dentists may look to the dental society for information and guidance, they do not feel impelled to accept its dictation except in the matter of certain laws regarding the size and character of dental signs. In fact, dental ethics has come to be associated in the mind of the average dentist with outward manifestations of professional decorum. When we add to

If the Committee of Procurement and Assignment would now display the same zeal in obtaining release that they manifested in recruiting dentists, it would have a salutary effect throughout the profession.

this the undoubted fact that wrongs, either real or imagined, tend to influence our conscience, it is obvious that no strong safeguards exist today upon which we can depend to forestall the possible widespread abuse of dental ethics. With the imminence of new schemes for dental health insurance, many returning dentists who find it difficult to establish themselves quickly may fall prey to the inducements offered by those interests that look to dentistry only as a future source of profit.

What are we to do to correct and alleviate the present situation? It is recognized that a strong effort should be made to give the returning dentist a truer and healthier perspective on his colleagues; but to concentrate solely on this procedure, without implementing it by some vigorous and concrete

steps, would be a mistake. A number of proposals and programs have already been put forth but they all seem to be designed to soften the shock, rather than strike at the root, of the diversity in outlook. The following suggestions are offered in an effort to unite all sections of our profession in a program of action which will be to the interest of the whole profession.

1. Civilian dentists should initiate a program to get more dentists released from the Service quickly. If dentists will study the program of the Dental Corps in terms of actual basic military necessity, and in comparison with dental services rendered in other modern armies, it may prove to be revealing. If, together with this study, dentists will secure the co-operation of public groups who view with concern the prevailing inadequacy of dental service for the 140 millions of children and adults in our country, the effort will undoubtedly bring results. After all, the Congress does not accept the tentative financial demands put forth by the Army without subjecting them to critical analysis and judgment. Why should not the entire dental program be subjected to the same examination? If the Committee of Procurement and Assignment would now display the same zeal in obtaining releases that they manifested in recruiting dentists, it would have a salutary effect throughout the profession.

2. Civilian dentists should play

a conspicuous role in the movement to compensate the veteran-dentists for the sacrifices they have made. While economic remuneration will never adequately repay the men, it will help them re-establish themselves once more. A number of proposals have been suggested along these lines, such as compensation for the enormous storage charges for household furniture and equipment incurred by the dentists, revocation of income taxes for several years, and others. When we consider that the government has spent little on education for dental officers in the Army, that, as a group, the dentists have received neither the rank nor flying pay which other groups have had, it should serve as an additional spur to secure for the veteran-dentist the economic justice he so richly deserves.

3. The dental societies should establish a well-rounded program of service facilities including advice on problems pertaining to re-opening of dental offices, priorities on dental supplies and equipment, business administration, and post-graduate education.

The danger exists that in this matter again, as in so many others in the past, a gesture will be made; and then apathy and inertia will follow, excused by plausible though specious arguments. It is, therefore, to the alert and thinking dentist that we must appeal in this crisis for aid in carrying through a program of the basic character outlined.



So You Know Something About Dentistry!



QUIZ XIII

1. What is the difference between the anatomical crown and the clinical crown of the tooth?.....
2. Potassium hydroxide must be used with caution in the mouth because it is a (a) topical anesthetic, (b) powerful caustic, (c) heart depressant?
3. True or false? The posterior margin of the denture must always be extended onto the soft palate and never terminated on a hard area...
4. Salivary calculus is composed of what substances?.....
5. The substances removed from a pathologic pocket in the treatment of periodontitis are called (a) apozema, (b) apoxemena, (c) taraxis?
6. Is cooling of a mold just before casting required?.....
7. The chances that decay will occur in a pit or fissure are (a) 500 to 1, (b) 1500 to 1, (c) 2500 to 1?
8. What new use has been found for acrylics?.....
9. Name six liquids or gases available for producing general anesthesia by inhalation
10. The temperature of water used for washing films during the process of developing them must be kept below a certain temperature to (a) bring out detail, (b) prevent pitting, (c) hasten development?

FOR CORRECT ANSWERS SEE PAGE 1741



DENTISTRY IN RUSSIA*

FOR CORRECT ANSWERS SEE PAGE 122

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Russian health service emphasizes the importance of dental care for all.

By **C. C. HARRISON**

A FULL STATE medical service has been in operation in Russia since 1918. At the head of the vast and intricate organization which is responsible for the health of 170 million people is the federal health agency, the All-Union People's Commissariat of Public Health. It establishes health policies, directs and coordinates the services of the health commissariats of the constituent republics, and attends to health problems that concern the Union as a whole. It controls all health activities, preventive, diagnostic, and curative. Besides this, it also produces the personnel, equipment, and knowledge required for its services. The actual administration of health services is in the control of the Soviets, which are units corresponding to our city and municipal councils. These Soviets have control over hospitals and other health units within the area they govern.

There are four characteristics of the Soviet health system which are particularly striking:

1. Health services are free and therefore available to all.
2. The prevention rather than the treatment of disease is in the foreground of all health activities.
3. All health activities are directed by central bodies, the Peo-

ple's Commissariats of Health.

4. Since there is central direction, health can be planned on a large scale.

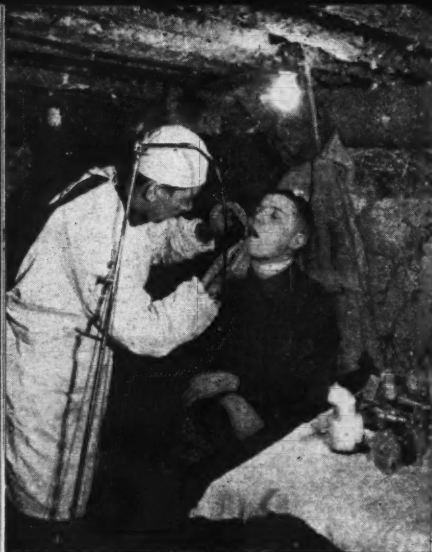
Although the commissariats of health have great power, the administration of health is not brought about in a dictatorial way, but rather most democratically. Special committees of the Medical Workers' Union, which includes physicians, dentists, and pharmacists, are in constant touch with Commissariats and no decision concerning medical personnel is taken without consultation.

The factories and the collective farms all have their own health committees which cooperate closely with the health agencies.

Dental Service

Each Soviet or unit has its own health agencies which consist of dispensaries, polyclinics, and hospitals. Polyclinics are institutions in which specialists in every line of medical science are grouped together. It is in these polyclinics that the dentist has his place. Dentistry plays an important part in Soviet medicine, and there is no medical center which does not have its dental department. These polyclinics are extremely well equipped and staffed. The medical workers are on duty in shifts in order that the factory workers may receive attention during the time they have off from their work.

*Digest of an article which appeared in the June, 1945 issue of *The Journal of the Canadian Dental Association*.



Russian dentist treating soldier in dugout close to the front lines.

Another method by which health services are administered is through what is known as factory medicine. The factory workers are the most valuable asset of the Soviet and receive the best of medical and dental care. For factory workers, dental care is not only given free but is compulsory. The same is true in Russian schools; just as immunization against infectious disease is compulsory, so is dental treatment.

It is quite reasonable to suspect that these polyclinics could not function well in the rural areas. But here, each unit has its medical center consisting of a physician, a dentist, and two or three nurses. To provide free health services, especially dental,

for the more remote areas, mobile clinics are operated.

This ambitious system of health service is financed in major part through a system of health insurance. For each employee which an employer has, he pays so much into the health insurance fund; the amount depending upon the employee's wages and the hazards of his job. This amount is added to the cost of production. In rural areas the money necessary for providing health services is forthcoming from the state, from various sources.

Position of Dentist

The position of the physician and the dentist is similar to that of an industrial engineer. All three are state officials. The physicians and dentists receive a salary from the state which is influenced by the amount of experience they have had and the importance of their position. They are members of the Medical Workers' Union and this union is always consulted before any decisions regarding them are made.

The physicians and dentists receive good incomes with at least two weeks' holiday a year. They may retire at the age of 65 and will receive a pension equal to about two-thirds of their original salary. The dentists are encouraged to avail themselves of postgraduate courses offered at dental schools, and while there receive their usual salary.

Although there is a marked

shortage of dentists in Russia, the state is rapidly attempting to overcome this. In the meantime, while this shortage exists, to prevent hurried or improper service from being done, the dentist is allowed to see only a certain number of (ten to twelve) patients each day and this number is considerably lower (three) for the inexperienced man. This is evidence that an honest attempt to maintain a certain standard of service is being made.

Dental Education

A brief history of dentistry in Russia shows that it has risen to its present recognized position in much the same way as did dentistry elsewhere. Before 1881, when the first dental school was established, dentists were trained as craftsmen by serving a three-year apprenticeship in a dentist's office. By 1891 two categories of dentists were recognized: the dental surgeon, who was a graduate of a dental school, and the dental technician, who was trained through apprenticeship. After the revolution there was a tendency to make dentistry a medical specialty by requiring students to graduate from medical school and then attend dental courses.

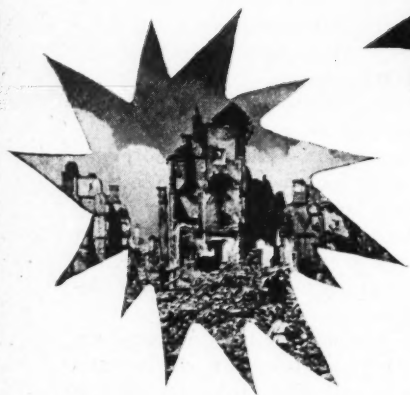
In 1929, this system was changed and today the dentists are trained in special dental schools,

known as stomatological institutes. The Stomatological Institute of Karkov is an example. It offers a five-year course of studies, has a student body of 315 and a faculty of seventy. Today the course of studies is uniform for all twelve dental schools of the Soviet Union.

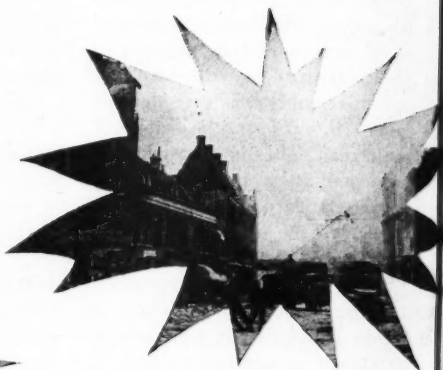
There is still a second category of dentists recognized in Russia. These men must have the same preliminary education as do university entrants. They receive a technical training in routine dentistry, like that leading to our D.D.S. degree. They do not receive a degree. After three years' service in an outlying district, they may return to a university center for scientific training. Here they help in the clinic part of the time and in three and one-half to four years they may complete the requirements for a medical degree.

Through the health committees, which are present in all factories and collective farms, the state is attempting to educate the people to the importance of medical and dental care. The state is aware that, without the cooperation of the people, any plans for health services are doomed to failure. It would seem that their educational program is successful as evidenced by the way that the people are taking advantage of the services provided to care for them.

EUROPEAN DENTISTS



SHORTLY AFTER the liberation of the Netherlands, Doctor Herbert Loeb of Cambridge, Massachusetts, received a request from Doctor Edgar Mynarends, Secretary of the Amsterdam Section of the Netherlands Dental Association, for American dental journals to be distributed to 500 Dutch dentists. During the years of the war in Europe, many dental societies were forced to disband or to meet



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in secret, libraries were destroyed, the publication of technical and scientific journals was discontinued, and European dentists were unable to keep up with the new developments in dentistry.

In an effort to aid dentists in the Netherlands, Doctor Loeb asks that dentists in this country volunteer to send Dutch dentists printed matter consisting of dental literature published sometime during the last *three* years. If each volunteer American dentist will write to Doctor Loeb, whose address is Savings Bank Building, 689 Massachusetts Avenue, Cambridge 39, Massachusetts, he will send him the name and address of a Dutch

Requests from the Netherlands, France, and Italy for dental literature give every dentist an opportunity to aid his colleagues whose practices were destroyed by the war.



YOUR HELP NOW!

dentist to whom one pound of literature is to be sent. The postal regulations permit a pound of printed material a week, at the rate of twelve cents a pound, to be sent to a foreign addressee.

French and Italians Ask Aid

Since 1940 the Medical and Surgical Relief Committee of America has been furnishing the armed forces of America and of her Allies with medical, surgical, and dental supplies. This Committee has now received earnest appeals, especially from French and Italian authorities, for all the recently published material on dental subjects obtainable. All

dentists or others who have dental literature, magazines, pamphlets, or books, written within the last five years, are urged to send every publication that they can spare to the Medical and Surgical Relief Committee at 420 Lexington Avenue, New York 17, New York.

In furnishing scientific publications for the use of European dentists who, because of the war, have been unable to keep up with new discoveries and progress in the dental field, the dentists of America will be making a practical contribution to their colleagues in Europe and to the dental health of the people in European countries.



Military News

Army Dental Corps Receives Additional Administrative Authority:

A recent revision of Army Regulations (AR 40-15, 8 August 1945) has resulted in several important and significant gains with respect to administrative authority for the dental officers in the Medical Department. According to information received from the Dental Division, The Surgeon General's Office, the following pertinent changes are included under the revised Regulations:

1. *Administration.* The new Regulations state:

"a. Matters relating to the dental service as a whole are administered by the Director, Dental Division, an assistant to The Surgeon General, through The Surgeon General.

"b. In a theater, service command, or any other headquarters, matters relating to the dental service are administered by the Dental Surgeon, through the Surgeon."

Under the former Regulations, matters relating to the dental service as a whole were administered by The Surgeon General with the advice and assistance of the Dental Corps assistant, and, in a service command or other command, matters relating to the dental service were administered by the chief of the medical branch with the assistance of the Dental Surgeon.

2. *Duties of Dental Officers.* The revised Regulations provide:

"a. The Director, Dental Division, in

the Office of The Surgeon General, will be responsible for making recommendations on all matters relating to the dental health of the Army. He will be responsible for supervising the execution of approved plans pertaining to the dental health of the Army and for the progressive development of the dental service.

"b. The Dental Surgeon of a theater, defense command, service command, post, camp, station, or any other headquarters will be responsible for the preparation of plans and policies for the progressive development of the dental service . . . ; and for advising measures to place approved plans and policies into effect. The Dental Surgeon will assist the Surgeon in all matters that may have a bearing on the health of the command from a dental standpoint . . ."

Under the revised Regulations, the Director, Dental Division, while still responsible to The Surgeon General, is authorized to *supervise* the execution of approved plans pertaining to the dental health of the Army. Under the former Regulations, the Director, Dental Division, was responsible to The Surgeon General for *advising* measures to place approved plans into effect.

Included among the specific duties of the Dental Surgeon of a theater or service command under the revised Regulations is that of rendering efficiency reports on dental officers under his supervision. Thus a problem which existed under the former Regulations is now clarified.

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The revised Regulations state that "All recommendations or communications originated by the Dental Surgeon will be routed through the Surgeon, who will forward them with appropri-

ate recommendation or remarks." The fact that the Regulations read "through the Surgeon," does not, however, affect the administrative authority of the Dental Surgeon.

PRIZE-WINNING STORIES REPORT ON DENTAL LIFE

DENTAL WRITERS have won more than \$3000 in the monthly ORAL HYGIENE contest in which the author who submits the best story each month receives a \$100 award.

Among the prize winning stories, we have published reports about dental officers who have become war heroes; the story of a dentist to circus animals; an odyssey of a dentist who traveled through the waters of Alaska giving dental service to the natives; the story of the only armless woman dentist; personalized account of Guido Fischer and local anesthesia; a dentist's advice to colleagues who are working too hard; the personal experiences of a dentist-explorer in the jungles of South America; and the story of a dental officer who was rescued from a Japanese prison camp.

Your own story may be just as interesting as any of those you have read in ORAL HYGIENE. And you are the only one who can tell it!

If you don't have a gift for storytelling you may have practical suggestions for improving dental practice, for the wider distribution of dental service to the public, for a retirement program, or a plan to aid dentists who are returning from military service.

Whatever your ideas about the future of dentistry are, we want to know about them. Tell us in 1500 words what your own plans are or what the dentists around you are thinking and talking about. Here are the rules to follow:

1. Your article must have a dental angle.
2. Set down your ideas in simple, direct, forceful language without literary flourishes.
3. All manuscripts must be limited to 1500 words, typed, double-spaced, and accompanied by return postage.

Send your story now! You may be the winner of the next \$100 award. Mail your manuscript to: Edward J. Ryan, D.D.S., Editor, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

Returning dental officers are eligible for unemployment benefits while re-establishing their dental practices.

G.I. BILL

PROVIDES \$100 MONTHLY FOR DENTIST-VETERANS

By **HAROLD J. ASHE**

DENTISTS returning from the armed services, puzzling over how they are going to live while they either start new practices or re-establish former ones, may find some comfort in a little-publicized phase of the G. I. Bill which considers self-employed veterans eligible for unemployment benefits on an equal footing with job-seeking veterans.

The Servicemen's Readjustment Act provides that self-employed veterans, including dentists, are entitled to \$100 monthly benefits, provided only that they do not earn any part of that amount from their practice. Or they are entitled to the difference between their net earnings and \$100, to guarantee a \$100 personal allowance monthly, while getting started.

To be eligible the applicant must have served in the armed forces at

least ninety days unless discharged sooner for a disability incurred in Service in line of duty; must have been on active duty after September 16, 1940, and prior to termination of the present war; and must have been discharged or released from active service under conditions other than dishonorable. Benefits are payable for a period commencing not later than two years after release from active duty or termination of the war, whichever is the later date. In any event, payments will not be made for any period commencing more than five years after the termination of the war.

If the dentist-veteran opens an office and, after all professional expenses have been met, he has a net return available to himself of, for example, \$40, he may make application for benefits and, in due course, receive a check for \$60

representing the difference between the maximum benefit and his month's net earnings.

Filing Applications

Self-employed veterans' claims must be filed at the nearest public employment office in the same manner as those of job-seeking veterans. However, a self-employed veteran will not be required to register for employment.

The period for filing claims for readjustment allowances is the first twenty days of each month for the previous month. Initial filing requires presentation of the veteran's discharge or separation papers.

Veterans may draw benefits for from two months to a maximum of one year, depending on the length of time served in the armed forces. Eligibility is determined by allowing eight weeks' benefits for each month of the first three months of active service, and four weeks' allowances for each month or major fraction thereof, thereafter. Thus, eight months' service would give a veteran forty-four weeks' benefits.

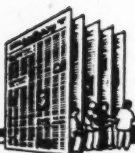
When claims are denied, the veteran may appeal. Denial by the local office may be appealed to the state agency, followed successively, if appeals are denied, to the Readjustment Allowance Agent of the Administrator of Veterans Affairs, and finally the Administrator of Veterans Affairs, himself.

A veteran may not receive readjustment allowance for the same period he receives subsistence allowance for education or training under Title II of the Act, or increased pension for vocational rehabilitation under Public Law No. 16. However, he is not ineligible by virtue of receiving any pension, compensation, or retired pay from the Veterans Administration.

Self-employed veterans should guard their readjustment allowance time zealously. This time may be exhausted as easily by receipt of a \$5.00 differential in a month when the business nets \$95 as by the receipt of a much larger amount for another month when the net return from business is considerably less. Dentist-veterans might well consider the advisability of not applying for allowances in months when earned net income is close to the \$100 figure to conserve their allowance time against months of slumps, if such can be foreseen.

Self-employed veterans receiving unemployment benefits should be prepared at all times to present intelligently kept books revealing all of the salient facts upon which their claims for such aid are based. No veteran-dentist will be eligible for unemployment assistance if he is receiving an income from some form of employment elsewhere while getting his practice started.

304 South Broadway
Los Angeles 13, California



Dentists in the News

Chicago (Illinois) Daily News: As a prize in a letter contest sponsored by the Army newspaper *Stars and Stripes*, Captain Walter M. Hollander, Army dental officer formerly of 5000 Cornell Avenue, Chicago, won a flying tour of some of Europe's devastated cities. After spending nine hours flying over the bombed areas of Calais, Nancy, Frankfurt, and the Ruhr industrial section, Captain Hollander reported: "Those cities were really hit. Some towns were entirely roofless. You could look right down into the houses. Often there wasn't a building standing for miles around."

Captain Hollander's letter on war savings won first prize at his station in England and has been entered in the Europe-wide contest.

Philadelphia (Pennsylvania) Evening Bulletin: Captain Bernard J. Dennison, Army dental officer at the A. A. F. Redistribution Center, Santa Monica



California, found upon returning home late one night that military procedure had crept into his home life. He knocked at his door and said, "It's me, honey."

"What's your serial number?" was the reply he received from Mrs. Denni-

son, and she refused to open the door until the dental officer called out the correct number.

Chicago (Illinois) Daily News: Lieutenant Commander LaMar W. Harris, formerly of 25 East Washington Street, Chicago, and now a Navy dental officer assigned to the U. S. Naval Dental School at Bethesda, Maryland, has devised an artificial hand for war amputees which combines both a natural appearance and functional value. Previously every hand and arm amputee of the Army and Navy has been supplied with two devices; one a plastic limb made only for the sake of appearance, and the other a functional double hook device.

Commander Harris developed a spring-moved device which differs from previous inventions in that the hand remains always closed. The earlier artificial hand remained open and any relaxation of the opposite shoulder muscles, which operate the hand by cables, would cause the user to drop whatever he was holding. By placing dependence on the spring and lever to keep it closed, and leaving its opening to muscle contraction, he eliminated that fault.

Around the functional device is built a natural-looking artificial hand made of a new lightweight, flexible plastic which is colored to match the remaining hand. The functional device is built into the thumb and forefinger of the artificial hand which is moulded around it. The possibility also exists of adding function

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to one or two more of the fingers in such hands.

Plans are now being made to build into the new artificial hand a set of cables which will enable the hand to turn on the wrist as well as to grasp.

Yankton (South Dakota) Press and Dakotan: The recent eclipse of the sun was photographed with outstanding success by Doctor G. L. Ardery, Yankton dentist and amateur photographer. Doctor Ardery photographed the progress of the moon across the sun's face in sequence on two films. The sequence records the natural progress of the rising sun at five-minute intervals and the two films are merged to show the complete cycle.

With a second camera, Doctor Ardery made another set of exposures at eight-minute intervals to show each stage of the eclipse in individual pictures.

Both cameras were telescopic instruments made by Doctor Ardery.

Cleveland (Ohio) News: Lieutenant William T. "Bullet Bill" Osmanski, former Chicago Bears football star now serving as a Navy dental officer, found capturing a Jap soldier a lot tougher than any of his feats on the football field.

In describing his experience while searching a cave on Okinawa with John

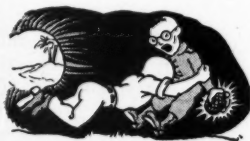
but resting. He rose on one elbow and picked up a hand grenade. Corcoran was armed but he was several yards behind me. I had no weapon.

"I'd treated many Okinawans, so I ordered the Jap to stand up. He looked startled, but rose to his feet still clutching the grenade. We stared at each other for an instant; then I made a grab for him and pinned his arms while Corcoran covered him. I'd rather be kicked around on the football field any day than do that."

Chicago (Illinois) Daily News: According to an article by Doctor Harry Strusser of New York City in *The Journal of the American Dental Association*, about seven hundred and fifty more graduate dentists are needed a year than are being graduated from dental schools in this country. "We have the facilities for the education of 3300 dental students per annum per class," Doctor Strusser stated. "If we provide the inducements to allow for a graduate group of 3500 to 4000 per annum, in about thirty years the entire population would be on a ratio of one dentist per thousand."

Doctor Strusser says that if apportioned according to need, of the 70,000 dentists in this country in peacetime, 25,000 would be available to the 24 million children in the 2 to 14 age group and the remaining would provide service for the 14 to 65 age group.

Long Island (New York) Star-Journal: A Bayside, New York, dentist, Doctor P. Paul Davis, provided the only dental service available at Hanford, Washington, one of the atomic bomb developments. Doctor Davis, and his wife who assisted him, furnished dental service for eighteen months without knowing what was being manufactured



J. Corcoran, navy shipfitter 2nd class, Osmanski said, "We already had found several dead Japs in the cave when we suddenly came on one very much alive

by their thousands of patients. Mrs. Davis, in describing the secrecy maintained in connection with the work being done at the E. I. DuPont de Nemours Company's Hanford works, said, "We lived in an almost make-believe land."

When Doctor Davis arrived in Hanford it was a hamlet with nothing more than two country stores, a few houses, and barracks. The barracks housed the construction workers putting up buildings eight miles away on a vast, sandy tract of land; but no one seemed able

to solve the mystery of what was to be manufactured in the buildings.

To house the thousands of workers needed to produce the atomic bombs there was developed, in time, what the Davises described as "a paradise community." This was Richland, a scientifically developed city where the Davises lived the last eight months they were in Washington. Doctor Davis stated that Richland is "the most modern city in the world, a place the home and science magazines will be raving about for months to come now that the lid is off."

Awards to contributors of news stories for DENTISTS IN THE NEWS this month go to:

LIEUTENANT COLONEL WILLIAM PERRY (DC), 1930 Chestnut Street, Philadelphia 3.

B. F. LOCKWOOD, D.D.S., Yankton, South Dakota.

OLIVER W. WOLFSON, D.D.S., 144-16 35th Avenue, Flushing, New York.

IRVING F. KAMMEN, D.D.S., 868 Rose Building, Cleveland 15.

MRS. WARREN HOPPER, Orrington Hotel, Evanston, Illinois.

CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in Dentists in the News*, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

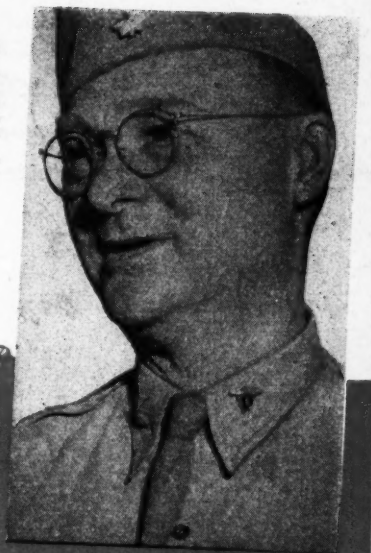
NAVY TO DISCHARGE DENTAL AND PREDENTAL STUDENTS

ABOUT 8,500 Navy V-12 students, including dental and predental students, will start returning to inactive duty November first, according to a Navy Department announcement. By June, 1946, final disposition of all students in the program will be made. About 1,450 dental students will remain on active duty until the end of the semester starting before November first. One thousand five hundred V-12 students entering medical or dental school this Fall will remain on active duty for one term. There are 1,056 premedical and predental students in the program who will return to inactive duty as apprentice seamen on November first.—*New York (New York) Times*.



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Major George M. Arrowsmith (DC) receives informal invitation to continue at the White House his twenty-five years of dental service for President Truman.



DENTIST TO PRESIDENT TRUMAN

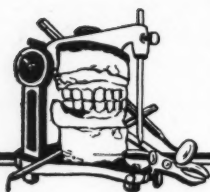
SOON AFTER he took his oath of office, President Harry S. Truman informally appointed as his "personal dentist" Major George M. Arrowsmith (DC), who for many years prior to his entry into the armed forces practiced dentistry in Kansas City, Missouri. According to a story in the *Kansas City (Missouri) Star*, Major Arrowsmith, who is in charge of the dental clinic at Fort Myers, Virginia, received the appointment when he called on the President,

his personal friend and former patient, at the White House.

During Major Arrowsmith's visit at the White House the President said, "George, you've been taking care of these teeth of mine for a long time—about twenty-five years, I guess. How about continuing the job?"

Later, during his tour across the country following his appearance at the San Francisco Conference, President Truman again expressed

(Continued on page 1748)



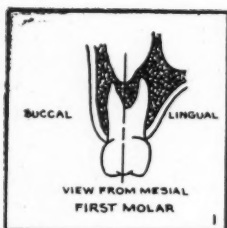
Technique of the Month

Conducted by W. EARLE CRAIG, D.D.S.

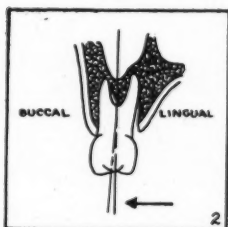
Drawings by Dorothy Sterling

The Extraction of Upper and Lower First Molars

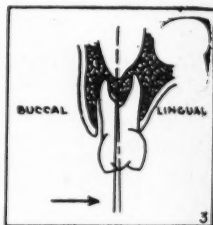
By R. D. McCLAIN, D.D.S.



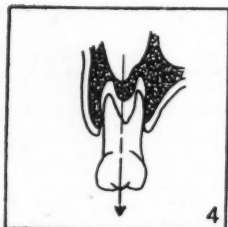
Upper first molar to be extracted



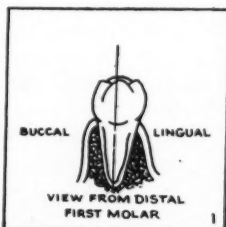
Force is applied first toward the buccal—



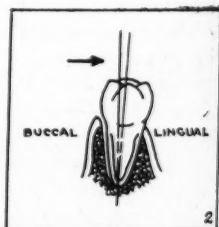
—then toward the lingual—



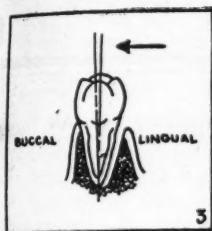
— and finally directly downward



Lower first molar to be extracted



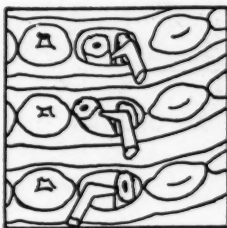
Force is applied first toward the lingual—



—then toward the buccal—



—and finally directly upward



If roots break during the operation, separate root tips may be extracted by use of the elevator as shown in the illustration.

ANSWERS TO QUIZ XIII

SEE PAGE 1725 FOR QUESTIONS

1. The anatomical crown is the part of the tooth which is covered with enamel; the clinical crown is the part of the tooth which extends into the mouth. (Orban, B.: Oral Histology and Embryology, 2nd Edition, C. V. Mosby, page 11)
2. (b) powerful caustic.
3. True. (Miller, R. G.: Synopsis of Full and Partial Dentures, C. V. Mosby, pages 34-35)
4. Chiefly calcium salts and an organic fraction of uncertain composition. (Accepted Dental Remedies, 10th Edition, American Dental Association, page 84)
5. (b) apoxemena.
6. No. (Skinner, E. W.: The Science of Dental Materials, 2nd Edition, Saunders, page 264)
7. (c) 2500 to 1. (Brauer, J. C.; Higley, L. B.; Boyd, J. D.: Dentistry for Children, Blakiston, page 11)
8. Eye replacements. (Murphy, P. J., Lt. Comdr. [DC] USNR; Schlossberg, Leon, Lt. H-V [S] USNR: Eye Replacement by Acrylic Maxillofacial Prosthesis, United States Naval Medical Bulletin 43: 1085 - 1099 [December] 1944)
9. Chloroform, ether, ethyl chloride, ethylene, nitrous oxide, cyclopropane and divinyl ether. (Accepted Dental Remedies, 10th Edition, American Dental Association, page 32)
10. (b) prevent pitting. (Ennis, L. M.: Dental Roentgenology, 3rd Edition, Lea & Febiger, page 96)



Dear Oral Hygiene

An Omission

I am sure you will want to correct what I consider to be a vital omission in your digest¹ of my article on the Veterans Administration program printed in your July issue.

The digest as printed made it appear that my faith in a federal health insurance program had been badly shaken by my observations of the Veterans Administration program. My original article clearly stated my own position as follows:

"It is only because I do not regard the V. A. as a fair sample of so-called socialized medicine that I still retain my faith in the need and value of a national health insurance program, properly set up and properly administered. Such a program need not repeat V. A. mistakes and deficiencies."

My original article concluded with a series of recommendations followed by this final paragraph:

"Such improvements—none beyond the possibility of attainment—would set the Veterans Administration right. It would no longer be held up—the way it is today—as a fearful example of federal medicine. It could take its place alongside the well-functioning U. S. Public Health Service as an effective symbol of good medicine practiced under federal auspices." — ALBERT DEUTSCH, *PM Daily*, 164 Duane Street, New York 13, New York.

¹Deutsch, Albert: Federal Medicine Advocate Shocked by Veterans Administration's Program, Digest of an article from *Medical Economics*, ORAL HYGIENE 35:1202 (July) 1945.

Quality Dentistry For All

The article QUALITY DENTISTRY FOR AMERICAN LABOR² by Doctor Alfred J. Asgis seems to imply assurance that the American worker today receives the highest quality of dental service; and that any interference with the present mode of private practice, especially such as the plan advocated by Doctors Charles L. Hyser and John Oppie McCall, will unfailingly deteriorate the quality of dental service received by workers. We all agree with Doctor Asgis' unequivocal "Yes" to his question: "Should American workers receive the highest quality of health care?" But we must answer just as emphatically "No" to the question: "Does American labor receive the highest quality dentistry?"

Although the quality of dental service has improved noticeably during the last twenty-five years, careful examinations of the mouths of thousands of workers indicate that dental service as rendered to workers even today has not improved materially since the time when many years ago the U. S. Public Health Service included the following statement in a report made to the garment industry: "Most of the dental work which we found in the mouths of garment workers consisted of crown and bridge work, while preventive dentistry was conspicuous by its rarity. The opinion of the examiners was that a great deal of dental work seen among the workers was done by poorly qualified practi-

²Asgis, A. J.: Quality Dentistry for American Labor, ORAL HYGIENE 35:1190 (July) 1945.

tioners and, in many instances, the corrected state of the mouth was worse than it was before correction." What is true of the quality of dental service in adults is even more strikingly true of that found in the mouths of workers' children. This fact accounts for the deplorable dental condition of the present generation as evidenced by draft statistics.

Another significant observation is that the dental service rendered to workers of low income levels at the various clinics, especially those attached to the dental colleges, is found to be far superior in quality to that received by the better paid workers from private practitioners.

It was the outstanding belief, based upon experience and surveys, that good quality dental service can be rendered much better at large centers under strict supervision that motivated men like Doctors Hyser and McCall and others to evolve a plan to improve the quality of service as rendered today by many practitioners. Regretful as it may be, it is true that many dental practitioners serving working people of low income levels are more merchants of precious wares than they are distributors of good dental care. Of course, we may find criticism with the plan as originally evolved by Doctor Hyser, but Doctor Asgis fails to state that the plan has since been greatly modified and some objectionable features eliminated. Whatever criticism we may make of the present plan, certainly it is not with its fundamental policy; namely, to render the highest dental service under supervision.

"Factored dentistry" and "assembly-line dentistry" serve merely as targets

to obscure the main issue which is, "What shall be done to improve the quality of dental service for the great mass of our population?" Certainly it cannot be done within the ramifications of private practice as it exists today.—MAX PRICE, D.D.S., 31 Union Square West, New York, New York.

Our Future

"Sorry, the doctor is busy and cannot see you for *two months*."

"But my tooth is aching and I have been a patient of the doctor's for years."

"I'm sorry, but he cannot see you."

So the story goes—at least so it went before V-J Day. Patients from Chicago, from the East Coast, and from the West Coast, have described such incidents to me. How any dentist could have every minute taken for two months in advance is beyond my understanding. If you can stand up under that pressure, you're a better man than I and you're headed for a long rest with *no* income.

How we love to pat ourselves on the back when we are prosperous. The Japanese war is over and with it some of our prosperity. Now things may be *different* and we will have more time.

Until a few years ago the average yearly *gross* income of dentists was less than \$4,000. This is a warning that we might well heed. It is time that we began to read the handwriting on the wall. If we are arrogant to patients in times of prosperity, we may expect arrogance from them in times of a business recession. The "selling" public had their day during the war; now the "buyer" is back in the saddle.—F. G. ROBESON, D.D.S., 5309 West North Avenue, Chicago 39, Illinois.



Editorial Comment

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

FEDERAL OR COMMUNITY HEALTH PROGRAM?

SOON THE AMERICAN people must make the choice between a health system sponsored by the federal government with the attending dangers of bureaucracy and one in which community and local responsibility is assured. Should the present Social Security Act be amended by the passage of the Wagner-Murray-Dingell Bill the Nation will be faced with a system that is operated federally from Washington, a system in which local and community needs are not considered unless they fit into a master federal plan. We must choose this system or one in which community health needs are evaluated and met by local plans and local funds. Choosing means taking constructive action either in support of a federal system or of a local one. It does not mean blindly opposing or failing to act at all.

Time and time again the dental and medical professions have been exhorted to suggest methods whereby more people could receive health service at costs which they could meet. The compulsory health insurance provided under the Wagner-Murray-Dingell Bill would cost the American people 8 per cent of their earnings. The self-employed who do not come under the present Social Security legislation would pay 5 per cent of their earnings under the amended Act.

The chief weakness of a voluntary community plan is apparent: the difficulty in raising funds. Although we may view with enthusiasm a local plan as one preserving the best traditions, we early come face to face with the necessity of supplying adequate funds. Proponents of local autonomy in a system for community medical service have been significantly silent on the fiscal aspects of such a system. Smillie¹ in an ably written article that pointed out the defects in a nation-wide medical service plan was entirely vague and indefinite when he mentioned methods of financing his preferred community method. He said, "Not only determination of policy, but the financing of each plan, should be a local responsibility. Supplementary aid may be furnished by the state where the particular situation requires such assistance." Smillie con-

¹Smillie, W. G.: Certain Aspects of a Nation-Wide Plan for Provision of Adequate Medical Care, J.A.M.A. 128:1005 (August 4) 1945.

cedes that "the evolution of plans for improvement in medical services on a local autonomy basis is discouragingly slow." We may add that not only will evolution be slow but such plans will stop altogether in favor of a federal system unless we are prepared to show the people exactly how much a local system will cost and how the money will be supplied.

The American Federation of Labor, the Committee on Industrial Organization, the United Mine Workers, and their representatives (Mr. Green, Mr. Murray, and Mr. Lewis) seem to be of a common mind on one subject; namely, the desirability of a federal system of medical benefits. Scarcely a day passes that one of these powerful labor organizations does not issue some kind of a statement chastising the Congress for its dilatoriness in passing social legislation. Some signs suggest that the three labor organizations, despite their individualistic and temperamental presidents, may unite to present a solid front for social legislation.

Only the future will tell us what part the veterans' organizations will take in the coming struggles for social legislation. At this moment the labor organizations are in bad repute with many servicemen because of strikes and work stoppages during vital war production. It might be that the servicemen's organizations will be strongly anti-union. This is not likely, however. Most military personnel when they return home will find their interests closely allied with other workers. They will more likely unite with the labor organizations to foster social legislation. We may expect, however, that labor will be required to dismiss some of its old leaders before winning the good will of the servicemen.

Whatever our political or social beliefs may be we cannot ignore the increased demands being made for new methods of supplying health service. In New Zealand there is already in operation "a scheme to provide for free dental service up to the age of 19 years." With the change in the English political situation we may expect some such system as that now in operation in New Zealand to be adopted in England and the British dominions and other commonwealths. The time lag between social change in Great Britain and in the United States is never a long one. We can be certain that the labor organizations in the United States have had a warm glow of satisfaction at the British developments. Although at present we have no important and active labor political party in the United States, we should not be surprised if one develops. If such an organization should be perfected and become powerful we may be assured of a federal health system.

Edward J. Ryan



Ask Oral Hygiene

Please communicate directly with the Department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Neuralgic Pains

Q.—I shall appreciate any help that you can give me in the following case:

A patient, a woman about thirty-two years of age, came to my office with the history that two years ago she had a porcelain jacket restoration placed over the left central incisor supporting a right central pontic. Since that time she has suffered with neuralgic pains over the entire upper left side of the face though especially acute in the central cuspid area and up into the left eye.

Mild at first, the attacks, when they now come, are so severe that she insists on having all the teeth on that side, and especially the crowned central incisor, removed.

After the pain subsides, soreness remains in the face and eye for several days but never localizes in any one tooth; nor are any of the teeth sore to percussion.

I am enclosing roentgenograms of the teeth in this area.—E.J.G., Pennsylvania.

A.—The clinical picture of your patient's case is that of a degenerating pulp. The fact that the pain started after placing the porcelain jacket crown on the left maxillary central incisor would point to that tooth being the causal factor. However, your roentgenogram of that tooth shows nothing to support the theory that it is in causal relation to the pain.

The roentgenogram of the cuspid is not satisfactory for inter-

pretation but there is an indication of widening of the apical periodontal space. The root end of the first bicuspid is not clearly defined, so this tooth is not above suspicion.

These teeth ought to be tested with ice for normalcy of vitality. However, the porcelain jacket is a nonconductor and one cannot always get a satisfactory response from a jacketed tooth. Without having the advantage of a vitality test, I should say that the source of pain is probably from one or more of the three teeth mentioned.—GEORGE R. WARNER.

Phosphorous Poisoning

Q.—Can you tell me what dental roentgenograms look like when a patient has phosphorous poisoning?

How long should a worker be kept away from phosphorus after extraction of teeth?

Thank you for any information available.—L.G.B., Illinois.

A.—Serious phosphorous poisoning, which is rare now, results in necrosis of the jawbone. Such bone has roentgenographically much the appearance of osteomyelitis. If you have a suspected case, I should like to see intra-oral roentgenograms of it.

If workers in match factories use only white or yellow phos-

phorus, and not red, they should not be poisoned.

As phosphorous poisoning is supposed to enter the jaw through open cavities in the teeth or diseased periodontium, there should be no danger of inroads of phosphorus following extractions after the wounds are closed.—GEORGE R. WARNER.

Gritting the Teeth

Q.—I have a patient, a man in his early fifties, who has developed the nervous habit of gritting his upper and lower teeth. He has nearly the full complement of upper teeth but several are missing in the lower jaw.

I should like to know whether, in your experience, you have found it possible to construct an appliance to prevent this action.—J.H.L., Pennsylvania.

A.—If this were my patient, I would try fitting him with an acrylic occlusal splint made to supply occlusal surfaces where the teeth are missing and overlying his own teeth enough to eliminate cuspal inclined planes. Wearing this should and probably would help him to overcome this habit. It should be impressed upon him that this is a habit of which he must break himself and that you can only help him toward that end.—V. CLYDE SMEDLEY.

Inadequate Occlusal Support

Q.—A patient, a woman of 37, complains of a recurring feeling of fullness in the left maxilla from the ear forward which annoys her greatly. She reports that she has no symptoms in the morning, but the pressure occurs when she starts talking or moves her head.

Her difficulty started three years ago during pregnancy when she had impacted upper left and lower left third molars extracted. Since then she has had all her molars and bicuspid on the

upper left side, and the lower left first and second molars, removed.

A complete roentgenographic check-up has not revealed anything abnormal. All teeth respond to vitality tests except the upper left cuspid which is sluggish in response. She states she is relieved of her symptoms after every extraction. Her left sinus is not obstructed. The right sinus obstruction is only two degrees.

I shall appreciate any information that you may give me.—J.N.P., Saskatchewan.

A.—Your patient's difficulty could, I believe, come under the mandibular joint syndrome of symptoms because of inadequate or unbalanced occlusal support and function. I would suggest, therefore, that you try replacing the missing teeth with well-fitted partial dentures.—V. CLYDE SMEDLEY.

Roofless Dentures

From time to time I read questions and answers in your pages on roofless dentures, and I have often wanted to write to you on this subject.

I began making this type of denture in 1920—at first in selected cases, but gradually expanded the number of cases selected until it became standard procedure with me. For the last seventeen years I have not resorted to a single full palatal coverage.

I am prompted to add my comments to the roofless denture writings in your columns at this time because on a recent visit home to Philadelphia, where I previously practiced, I had the pleasure of meeting several of my former patients who have been wearing this type of denture for many years. The oldest case I saw during my

visit had been in the mouth for twenty-one years and is still functioning adequately with absolutely no mouth pathology.

To avoid confusion, let me state that the simplest type of roofless denture is the soundest. Dentures (roofless or otherwise) which depend upon mechanical gadgets, gutters, or undue peripheral beading are a menace to mouth health and the dentures so constructed soon become ill fitting.

I am enthusiastic about the open-palate denture, which is strictly tissue-bearing and constructed on the principle that the correct employment of the distinctive adhesive properties of the soft mucosa in the retention of an upper denture renders unnecessary both soft and hard palate coverage.

This principle, in my opinion, is

so sound that it meets the extreme test for me in that I use no clasps in my partial upper cases of extensive coverage. Neither do I wedge the borders of the dentures against the teeth in situ, but keep below the gingival margin. This supreme test of upper partial dentures without the use of clasps leads me to my firm belief that the soft mucosa is the only retentive area of any value. I might add that I make this type of partial denture in any material—vulcanite, acrylics, and metals.

The latest details of the technique employing my principle were fully described in an article in the April, 1944 issue of *THE DENTAL DIGEST*.¹—Joseph M. Purcell, D.D.S., 395 Main Street, Wakefield, Massachusetts.

¹Purcell, J. M.: A Technique for Roofless Dentures, *THE DENTAL DIGEST* 50:164 (April) 1944.

DENTIST TO PRESIDENT TRUMAN

(Continued from page 1739)

his desire to have Major Arrowsmith continue his dental service. The two met at a banquet in Independence, Missouri, where Major Arrowsmith was visiting.

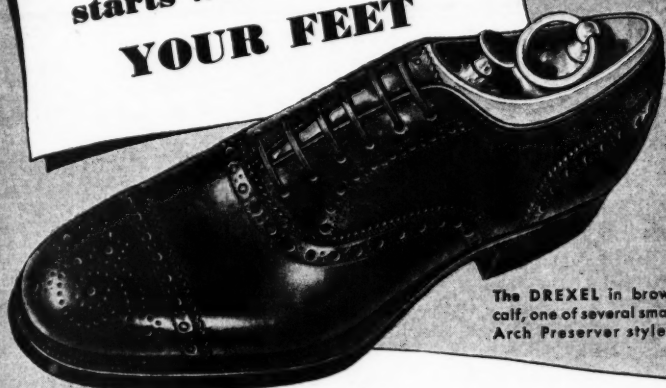
The President and Major Arrowsmith served in the Army together during World War I. They were both members of the old B Battery of the National Guard in Kansas City, Missouri, and served later in Battery D of the 129th Field Artillery. When President Truman became Captain of the Battery, the dental officer was transferred to Headquarters Company. In June, 1919, when Major

Arrowsmith opened his dental office in Kansas City following his discharge from the Army, Mr. Truman was one of his first patients.

When asked whether he expected many professional calls from the White House, Major Arrowsmith replied, "Well, those Truman teeth are pretty good, unless a lot has happened since I looked at them."

Major Arrowsmith entered the Service in March, 1942. He was first stationed at Camp Myles Standish near Boston, but has now been assigned permanently to Fort Myers, Virginia.

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Laffodontia

Mr. Rounder (arriving home after midnight): "I'm tired. I've had my nose to the grindstone since early morning."

Wife: "Then you'd better get a grindstone that doesn't get rouge, lipstick, and powder all over you."

★
"Just think, the Pilgrim Fathers were shot at on their way to church."

"That's nothing. So was my old man when he and Mom were married."

★
The Scotch patient was fumbling in his pocket.

"You don't need to pay me in advance," said the dentist.

"I'm not going to," was the reply.
"I'm only counting ma money before you give me the gas."

★
"How did you get that bad eye?"

"It's a birthmark."

"What do you mean, a birthmark?"

"I got in the wrong one on the Century last night."

★
Man: "What became of your secretary?"

Friend: "I married her and now she's my treasurer."

★
An unidentified Mexican who lived in a small house near the Shell service station in Heltville, was found dead this morning by Heltville police officers.

No details of the man's identity could be learned by county officers who investigated but it was said that death is believed due to natural causes as he was known to have received treatment recently from a Heltville physician.

★
Passenger: "Have I time to say good-bye to my wife?"

Conductor: "I don't know, sir. How long have you been married?"

★
Blackouts are nothing new. Sister and her boy friend in the living room started them.

★
Dentist: "Now, son, what kind of filling shall we put in that tooth?"

Small Boy: "Could you make it chocolate?"

★
Sergeant: "Do you serve women at this here bar?"

Barkeeper: "No, you gotta bring your own."

★
Grandma (looking at granddaughter's new bathing suit): "If I could have had dresses like that when I was a girl, you'd be six years older today."

★
"I'll give you a fur muff for a kiss; a fur neckpiece for a hug; a fur coat for . . ."

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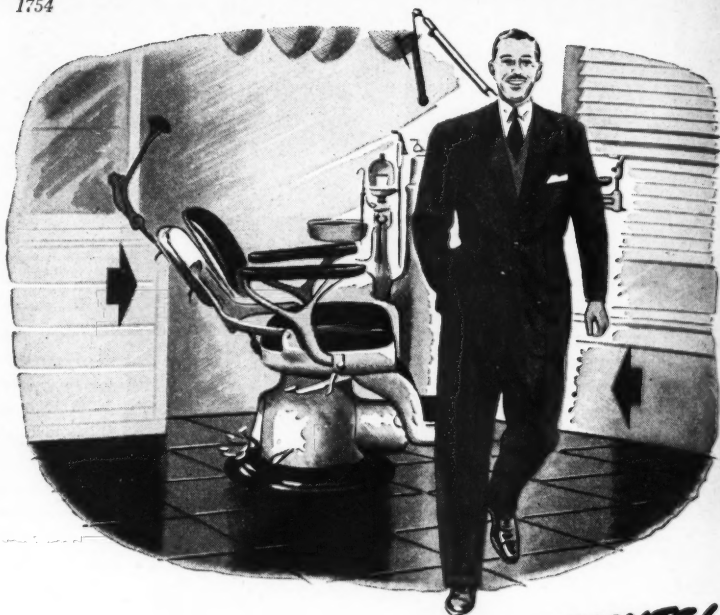
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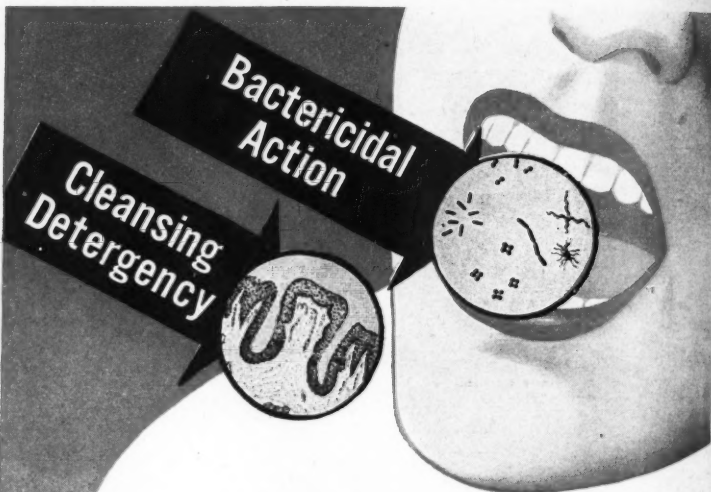
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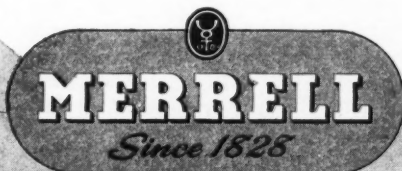
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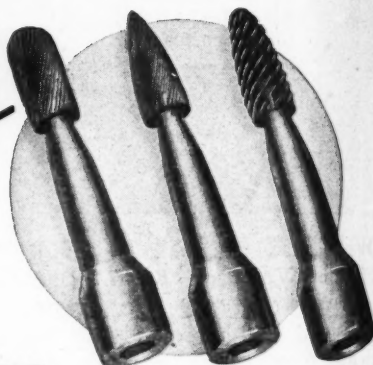
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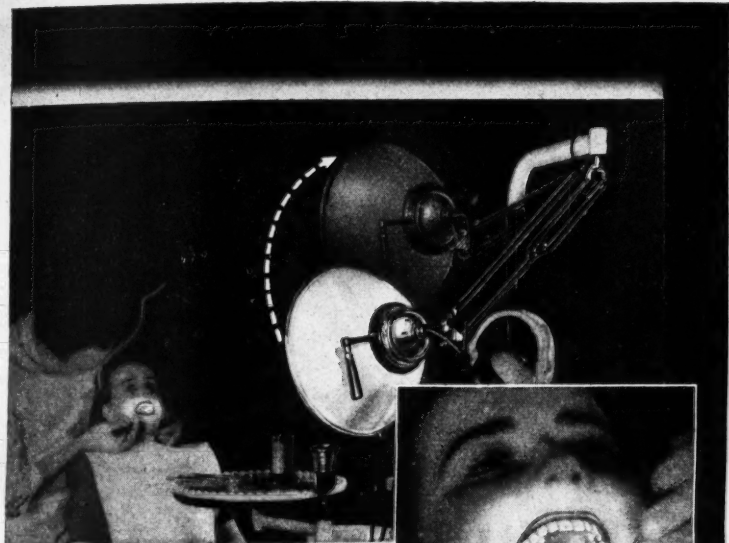
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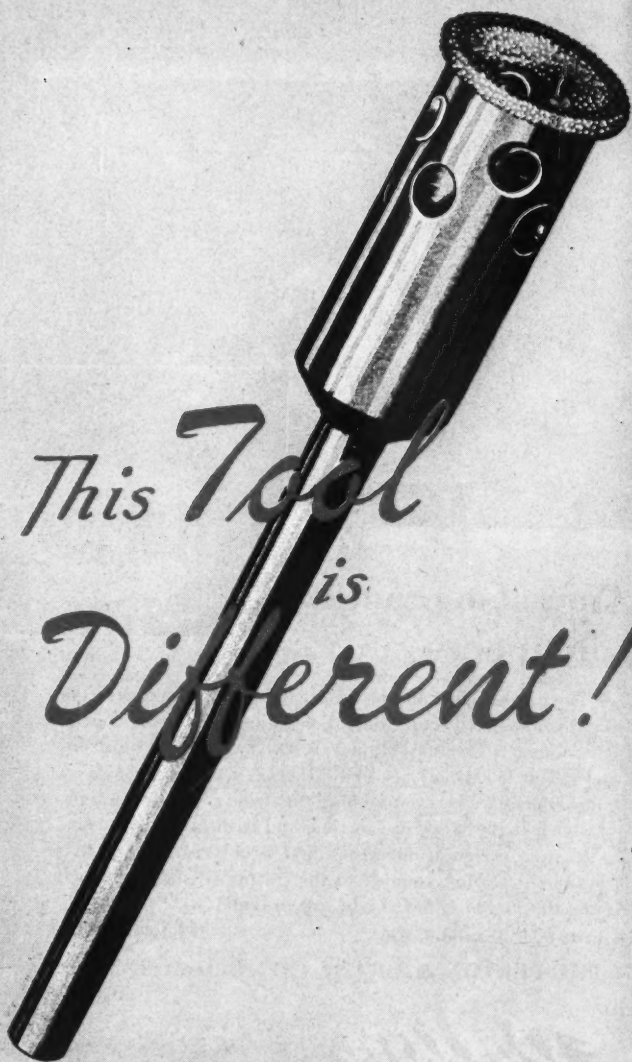
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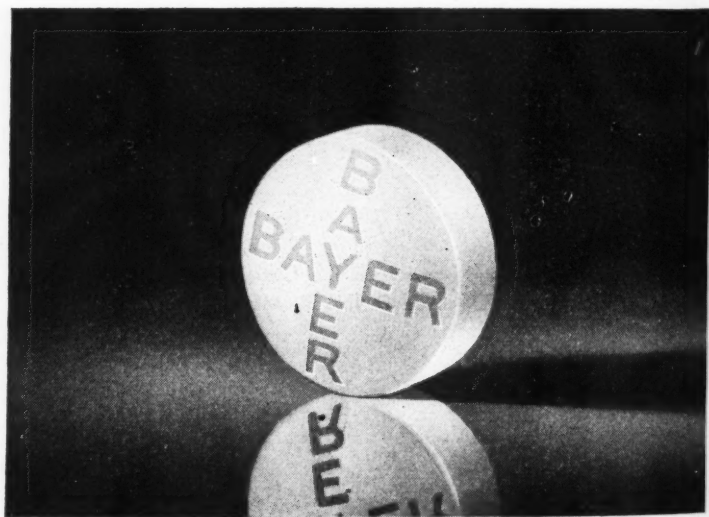
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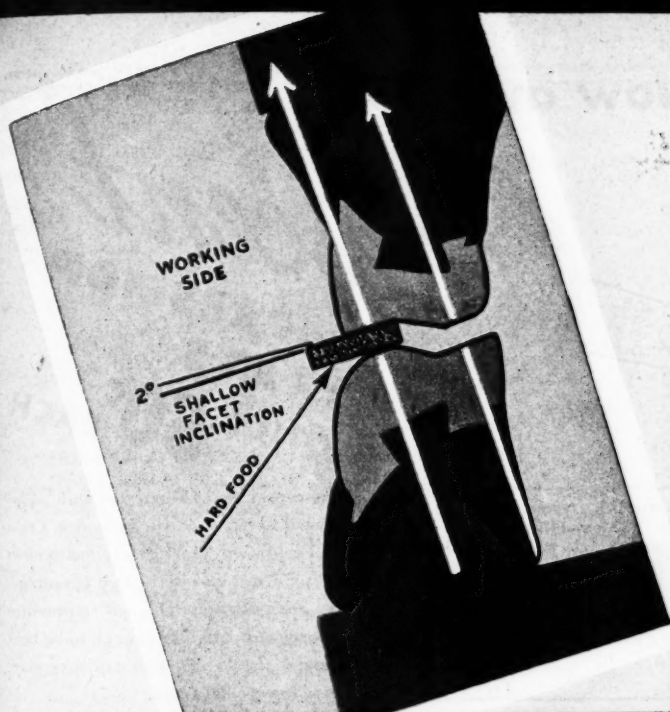


Common sense (and a firing squad) would prevent this from ever happening . . . but what about patients who unknowingly "sandpaper" expensive dentures by harsh cleaning methods? • Farsighted dentists prevent this by recommending Wernet's Dentu-Creme and Dr. Wernet's Plate-Brush. Dentu-Creme is designed specifically for cleaning artificial teeth. It's safe to use on the most delicate of denture materials . . . and cleans quickly and thoroughly. Dr. Wernet's Plate-Brush, with wired-in natural bristles, divided tufts, and rigid handle, is built to provide highest cleansing efficiency. • Available at all drug stores.



WERNET'S Dentu-Creme
DR. WERNET'S Plate Brush

Dept. 125-K



TRUBYTE *New Hue* 20° POSTERIOR

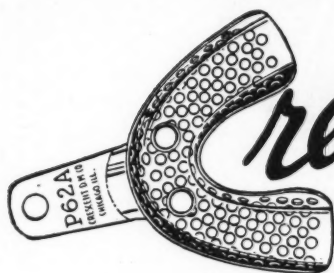
Stabilize dentures during mastication

● These posteriors apply the force used in masticating food in such way as to stabilize both upper and lower dentures in position.

● The occlusal surfaces are so designed that the pressure of closing falls within the borders of both dentures as is shown by the white lines in the drawing.

● The dentures are then held more firmly and effectively in position than would otherwise be possible.

Now available . . .

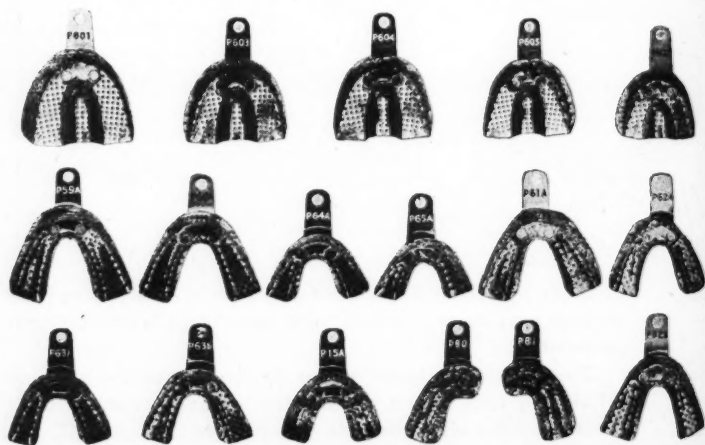


Crescent IMPRESSION TRAYS ONLY 50¢ EACH

Made in 17 Sizes as shown
and listed:

UPPERS	PARTIALS	LOWERS
P601	P15A	P59A
P603	P80	P60A
P604	P81	P61A
P605		P62A
P607		P62B
		P63A
		P63B
		P64A
		P65A

Made especially of aluminum with properly spaced holes of the right size, Crescent Perforated Trays *retain hydrocolloid impression material* to the best advantage. They are stiff enough for any impression purposes and still soft enough to be bent in any shape or cut with ordinary plate shears for special cases.



CRESCENT DENTAL MFG. Co., 1839 S. Pulaski Rd., Chicago 23, Ill.

99

YEARS AGO

ANOTHER year has been added to our long experience with Bicarbonate of Soda. It was back in 1846 that our business was established by Dr. Austin Church and John Dwight, whose descendants still direct the affairs of Church & Dwight Co., Inc.

For over 99 years we have concentrated on "doing one thing well." Today our two Sodium Bicarbonate brands, "Arm & Hammer" and "Cow Brand," are known and used by millions of Americans. One or the other is to be found in almost every community in the country.

Because Sodium Bicarbonate is so frequently used in dental practice it is well for the dentist to know that these dependable products are so readily available at a cost which specialization and wide distribution make extremely low—just a few cents a package.

Arm & Hammer and Cow Brand Bicarbonate of Soda are good tooth cleansers. Both are acceptable to the Council on Dental Therapeutics of the American Dental Association. In solution they make an effective mouth wash or post-operative cleansing rinse. In the laboratory they are used to clean instruments, porcelain, glassware, and other equipment.

Keep a supply of Arm & Hammer or Cow Brand Sodium Bicarbonate on hand. Use either of these brands with full confidence in their purity and reliability.

**Business Established
in 1846**

CHURCH & DWIGHT CO., Inc.

10 Cedar Street New York 5, N. Y.



ADVANTAGES: One tablet of White's Sulfathiazole Gum chewed for one-half to one hour

1. promptly provides a high salivary concentration of *locally active* (dissolved) sulfathiazole

2. that is *sustained throughout the chewing period* in immediate contact with infected mucosal surfaces of the oral cavity,

3. yet even with maximal dosage,

resulting *blood levels* remain so low as to be virtually negligible.

INDICATIONS: Sulfonamide-susceptible infections of oral mucosa; Infectious stomatitis and gingivitis; acute Vincent's disease; correction of fetor oris due to oral sepsis; also, preoperatively and postoperatively to prevent and treat dental sepsis.

DOSAGE: One tablet chewed for one-half to one hour at intervals of

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* A product of **WHITE LABORATORIES, INC.** Pharmac



CONCENTRATION

Low (negligible)
SYSTEMIC ABSORPTION

with

White's SULFATHIAZOLE GUM *

one to four hours depending upon the severity of the condition.

If preferred, several tablets—rather than a single tablet—may be chewed SUCCESSIVELY during each dosage period without significantly increasing the amount of sulfathiazole systemically absorbed.

Available in packages of 24 tablets, sanitaped, in slip-sleeve prescription boxes.



IMPORTANT: Please note that your patient requires your prescription to obtain this product from the pharmacist.

Pharmaceutical Manufacturers, NEWARK 2, N. J.

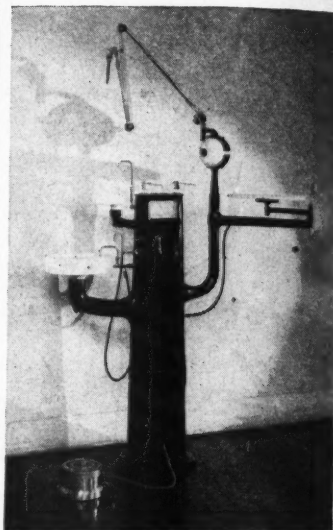
CRESCENT MOUNTED BRUSHES and RUBBER CUPS



SEND for a DESCRIPTIVE CIRCULAR

Crescent DENTAL MFG. CO.

1839 S. Pulaski Rd., Chicago 23, Ill.



No. 2 DENTAL UNIT

This shows our No. 2 Unit which we are now manufacturing in limited quantities and can be supplied, less engine at \$200.00. Pre-War construction throughout and supplied in any of the standard dental colors.

Adapter arm for the different engines and light adapter can be supplied for a slightly additional cost.

Write your dealer or write us direct.

Central Dental Mfg. Co., Inc.
Box 686
Louisville, Kentucky

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The vital
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Publicity every Dentist should have!

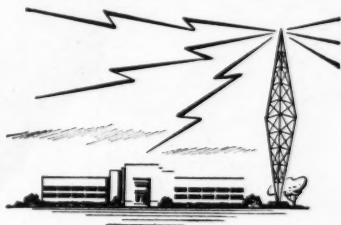
In Sunday Newspapers



Your accomplishments with modern dentistry continue to be advertised in Pepsodent's Sunday newspaper campaign ...educating more than 62 million people on the improvements you can make in appearance and health by straightening teeth, recapping defective teeth, fitting bridges.

On the Radio

The vital service you are rendering your community while so many dentists are away in the armed forces has been publicized frequently on the Bob Hope radio show by special messages ... urging 35 million listeners to help conserve your time.



In Magazines



And in all its advertising — Pepsodent has constantly urged: "See your dentist twice a year." Pepsodent originated this dental health slogan more than 17 years ago, and has stressed its importance to the public in many millions of advertising messages each year.

Through the years Pepsodent has sought to serve the dental profession and the public ... convinced that its own progress is linked with the dental welfare of the nation.

Pepsodent

DIVISION OF LEVER BROTHERS COMPANY

PEPSODENT TOOTH PASTE • Pepsodent TOOTH POWDER
PEPSODENT TOOTH BRUSH • Pepsodent ANTISEPTIC

A MOST APPROPRIATE

Christmas Gift

from YOU
to Your Patients

A practical gift that builds good will. The quality of the product and the package reflects credit on the profession.

Your Name and
Christmas Greeting
Stamped in Gold
on the Handle.

Special individual imprints in gold on the handle of the brush also available. Your choice of 2 or 3 row or Junior Child's size.

USE THIS COUPON FOR FULL DETAILS ABOUT SPECIAL CHRISTMAS OFFER

The MODEL D Company
(Division of The Cutino Company)
934 Wyandotte St., Kansas City 6, Missouri

Kindly send details of your Special Christmas Offer.

Dr.

Address

City..... State.....

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Liquid X-

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Announcement

MANUFACTURERS TEAM UP TO SERVE *Dentistry*

• Dentists nationally are assured an additional facility and convenience as the result of a cooperative agreement between Kerr Dental Mfg. Co. of Detroit and The FR Corporation formerly Fink-Roselieve Co., Inc., of New York.

By this agreement, Kerr assumes entire responsibility for the sale of two FR preparations to the dental profession. These two preparations are FR Concentrated Liquid X-Ray Developer and FR Concentrated Liquid X-Ray Acid Fixer with FR Hardener.

Make full use of these famous preparations.



KERR DENTAL MFG. CO., DETROIT

Established 1891

KERR

REG. U.S. PAT. OFF.

FR LIQUID DEVELOPER FR LIQUID FIXER



some things persist...

...like fingerprints...but pain need not... especially the unnecessary pain that so often follows extraction, surgery, or other dental work.

Hundreds of dentists are finding that the analgesic, antipyretic effect of 'ACETIDINE' Tablets offers their patients prompt relief from the usual dental discomforts.

The combination of aspirin and acetophenetidin is balanced by a small amount of caffeine, intended to counteract any depressant effect

which may result from aspirin and acetophenetidin.

Each 5-grain 'ACETIDINE' Tablet or Capsule contains:

Aspirin (Acetylsalicylic acid)	0.1770 Gm. (6 parts)
Acetophenetidin (Phenacetin)	0.1176 Gm. (4 parts)
Caffeine.....	0.0294 Gm. (1 part)

'ACETIDINE' Tablets or Capsules, 5 gr., in packages and bottles of 100 and 1,000. Also in boxes of 12's and 36's. **Sharp & Dohme, Philadelphia 1, Pa.**

'ACETIDINE'

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PROCO-SOL Anesthetic UTILITY KIT

Combines Economy and Convenience

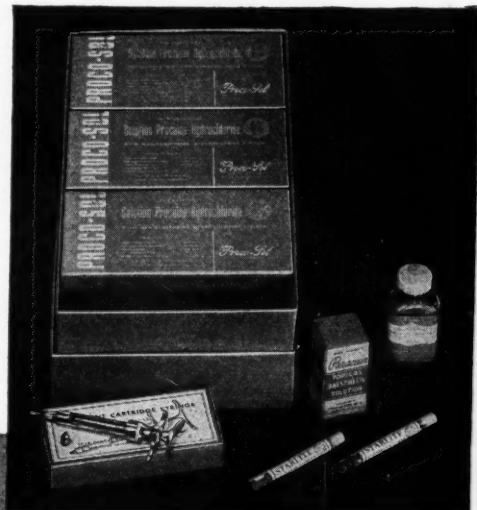
The new PROCO-SOL UTILITY KIT saves you nearly 20% on the items it contains. This quantity purchase also saves you the bother of placing frequent orders or the danger of running short of anesthetic when you need it.

Each KIT containing 600 tubes PROCO-SOL Procaine Solution PLUS 500 SS. (Sulfathiazole-Sulfanilamide) tablets, 1 bottle Paracain (benzocaine surface anesthetic), 1 cartridge syringe, 1 doz. 1½" needles, 1 doz. 1" needles.

Price of 4% Procaine Hydrochloride with Neo-Synephrin 1 - 2500 . . . \$40.00

PROCO-SOL is produced under rigidly controlled aseptic conditions. It will produce the exact degree and character of anesthesia desired.

Your choice of our various assorted solutions is available. Inquire of your dental supply dealer.



Proco-Sol

CHEMICAL COMPANY · INC

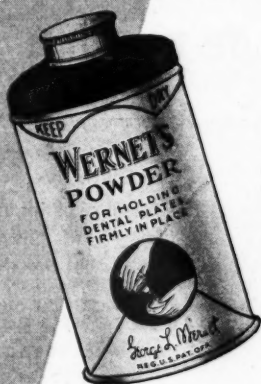
1233 Spring Garden Street, Philadelphia 23, Pa. (Please address Dept. O-22)

To speed the confidence



FREE SUPPLY on request
WERNET DENTAL MFG. CO., INC.
190 Baldwin Ave., Jersey City 6, N. J.

Dept. 55-K



AGAIN"

Even the most perfectly fitted dentures are apt to feel like a sizable mouthful during the first few weeks of use. Indeed, the new denture patient often prefers "listening" to "talking", until he is able to thoroughly "control" his speech.

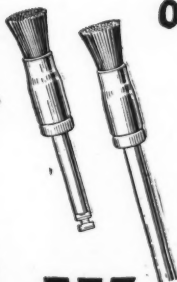
Many dentists have found that Wernet's Powder provides a welcome short-cut to the patient's mastery of his new dentures—and, consequently, of his conversation. Just a light dusting of this fine, pure powder will aid the retention of dentures, and at the same time give the patient added confidence in his ability to eat, laugh and talk normally.

When applied to good-fitting dentures, Wernet's Powder contributes to the maintenance of a perfect valve seal and forms a soft protective cushion, resulting in the patient's quicker and more comfortable adaptation to the new prosthetic appliances.

WERNET'S POWDER

ADAPTS THE PATIENT TO THE DENTURE

STAR HELDRYTE PORTE *Polishers* OF UNIFORM EXCELLENCE



Bristles are mounted securely . . . and permanently.

Every factor of manufacturing perfection is incorporated.

These qualities mean maximum protection for you.

Order direct through your Dental Supply House

STAR DENTAL

MANUFACTURING CO., INC.
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For **YEARS** and **YEARS** of **PERFECT** Service
Depend on **HANAU** Equipment

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Hanau Engineering Co., Inc. • 1233 Main St., Buffalo, N. Y.

STAINLESS STEEL CROWN and BRIDGE TRAYS

Large . . . \$.50 each

Small . . . \$.25 each

Large Perforated Trays . . \$1.00 ea.

Small Perforated Trays . . \$.75 ea.

UNION BROACH CO., INC.

37 W. 20 St., NEW YORK 11, N. Y.

IMPROVE Your Impressions with Co-Oral-Ite

If such is possible—CO-ORAL-ITE will do the job. Handy, cement like material that may be mixed to the proper consistency—will set firmly and accurately “as fast as you like.” Try this amazing “impression maker” now!

CO-ORAL-ITE DENTAL MFG. CO.

Makers of Superior Dental Products Since 1919
SANTA MONICA, CALIF.

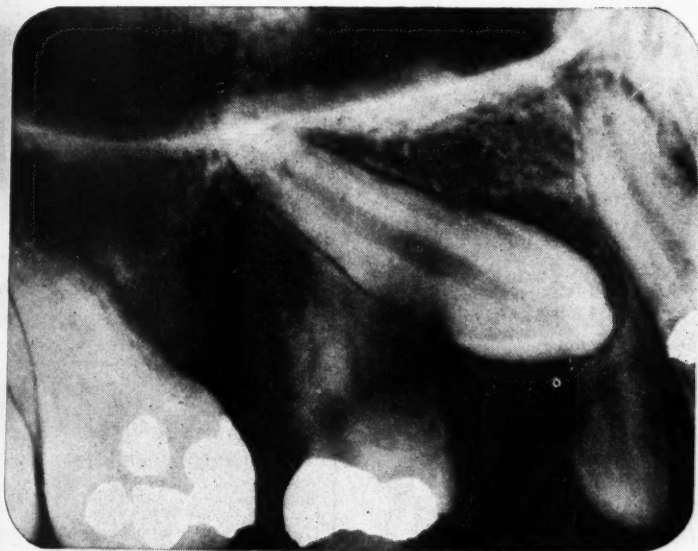


ASK YOUR DEALER

Complete Gray-Scale

... in RINN X-RAY Films

The wide range of tone values in RINN film is an important aid in your diagnosis. It helps you to see ALL the conditions. It differentiates between subtleties of opacity in the gum or tooth structure that might otherwise be lost. Here's a fine product . . . RINN FILM . . . the result of concentrated experience in the manufacture of X-Ray films and X-Ray accessories for over 20 years. It helps you handle more patients daily . . . with less effort.



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Chicago 47

The Key to Greater Conservation of DENTAL PULP



The Popularity of
SILV-O-DENT
with thousands
of Dentists
for 25 years
PROVES
"There is No
Substitute
for Qual-
ity."



OXY-EUGENOL SILVER

**SETS HARD IN
4 TO 7 MINUTES
... PROTECTS PULP**

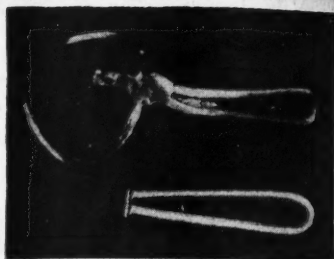
Ideal for tempo-
rary fillings in vi-
tal posteriors, and
for all fillings in
children's teeth.

Send for Free
Technique Book.

SILV-O-DENT CO.
1708 N.E. Alberta St.
Portland 11, Oregon



**MORE THAN 450,000 PACKAGES
HAVE BEEN SOLD AND USED**



LUGS or TAILS for Gold Clasps

These lugs, as shown in the above photo, can be soldered with any Kt. solder. Use any good flux. Pickle in any acid by quenching. Will not tarnish in vulcanite or acrylic. 18-19-20 Ga. \$2.75 per gross.

... ACRIPOL POLISH ...

A deluxe polish for acrylic dentures. Produces a mirror-like finish that lasts for weeks. Apply with thumb and polish with rag wheel to produce highest lustre. Price \$1.50 for 12 oz. bottle.

Through your dealer or direct.

CARPENTER DENTAL CO.
1035 N. Hampton St. Orlando, Fla.

PREVENT GAGGING



during
impression taking

Simply have patient dissolve one Water on the tongue before an impression - or X-ray - is to be taken and tendency to gag is eliminated.

Since all people have such a tendency these safe, effective Waters are indicated for routine use. Tube of 24 Waters and your dealer, or for generous trial package send 25c to:

Continental Chemical Company - - - Vandalia, Illinois

SAVES TEETH

Dr. Cornish Tooth Powder with Vitamin D and Fluoride

Checks decay in most small tooth cavities. Stops most cases of gum bleeding within two weeks.

Traces of fluoride in the drinking water have largely prevented tooth decay in Deaf Smith County, Texas.

2 oz. 30c From your 4 oz. 50c
druggist or direct.

Literature and sample mailed on request.

CORNISH LABORATORIES
743 Dwight Way - Berkeley 2, Calif.

**IN AN EMERGENCY
YOU CAN REPLACE
THIS BROKEN
PORCELAIN TOOTH
IN ONE HOUR with**

FLUORESCENT

Acrynamel
TRADE MARK REGISTERED

THE TECHNIC

1) Broken porcelain tooth removed. Wax tooth carved and occluded in the mouth.

2) Invested in flask and boiled out. Pack in Fluorescent ACRYNAMEL and process 20 minutes at 212°. cool in tap water for five minutes.

3) Remove from flask. Finish and polish.

Send for complete Acrynamel data.

**PROFESSIONAL OUTFIT
\$32.50**

There are NO SHADE PROBLEMS with Fluorescent Acrynamel

Products with a Single Purpose - Better Dentistry

H. D. LUSTI & SON, INC., PHILADELPHIA 4, PA. RELIABLE DENTAL PRODUCTS SINCE 1864

A New, Important Contribution to MODERN EXODONTIC TECHNIQUE

● For years widely used in general surgery, Gomco Aspirators are fast gaining acceptance among exodontists and oral surgeons, as well as many general practitioners. Here is the truly efficient way to keep the field of operation free of blood and saliva, eliminating bothersome and time-taking sponging. The Gomco Aspirator is especially indicated where gas analgesia and anaesthesia are employed, *since it averts the serious danger of a patient's inspiring foreign material into the lungs.*

MINIMIZES TRAUMATISM of the tissues by effectively removing infected materials.

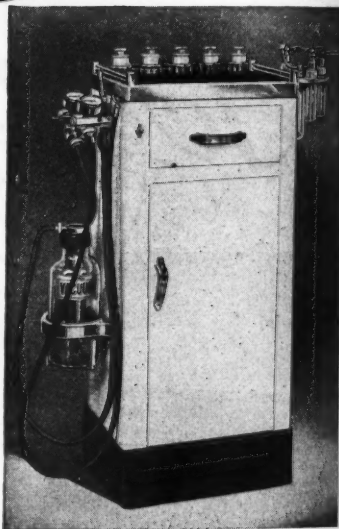
PROVIDES THORO DRAINAGE throughout mouth and throat areas, abscessed cavities, cysts, antra.

REMOVES TOOTH FRAGMENTS quickly and safely.

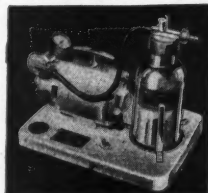
The Gomco Aspirator is attractively modern in design, easy to control, built for years of serviceability. Ask your dealer—or write for descriptive literature.

GOMCO
SURGICAL MANUFACTURING CORP.

97 Ellicott St., Buffalo, N. Y.



The Gomco Aspirator No. 1002.
A deluxe unit, complete in every detail.
Provides both suction and pressure.



The Gomco Aspirator No. 789.
A compact, complete unit, easily portable.

GOMCO ASPIRATOR



She says she brushed her teeth an hour ago. The dentist disagrees, saying: "You *think* you did. But there is a great difference between merely going through the motions and *scientific* brushing."

To make scientific brushing easy, many dentists recommend the D. D. Tooth Brush. For its ingenious *twisted-handle* facilitates proper placement of the brush on the teeth . . . almost automatically insures desirable *rotary motion*. Leading periodontists acclaim the *non-skid thumb rest* which permits easy control of the compact brushhead for gentle, non-traumatizing gum massage.

A Product of
BRISTOL-MYERS COMPANY



DEPT. 4 630 FIFTH AVE.
NEW YORK 20, N. Y.

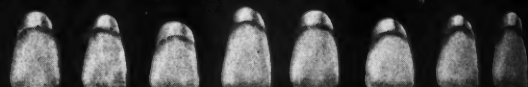


THIS SYSTEM SCIENTIFICALLY CLASSIFIES TOOTH FORMS

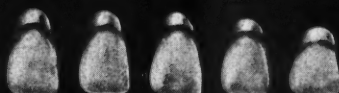
SQUARE



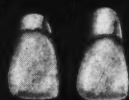
TAPERING



OVOID



SPECIAL



FORMS

6 SQUARE	20
8 TAPERING	30
5 OVOID	15
2 SPECIAL	3

21

3 SHORT BITE	3
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SIZES

71 MOULDS

*The Most Scientific,
Complete and
Comprehensive
System of Artificial
Teeth ever De-
signed.*

71

Our Beautifully Illustrated Mould and Dimension Chart Will be Sent FREE On Request

THE DEN

*For
Easy Selection...*

TRUBYTE NEW HUE

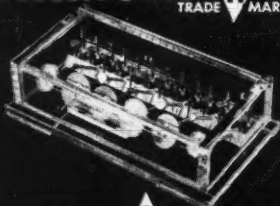
The 21 forms of Trubyte New Hue Teeth are reproductions of the most frequently seen forms of natural teeth. That is why you can select a Trubyte-New Hue form to harmonize with any face form, or to match the patient's natural teeth with such ease and fidelity.

To simplify selection, these 21 Trubyte New Hue forms are arranged in 5 squares, 5 tapering, 5 oval and 2 special forms, in graded sizes. You need only identify the patient's face form, or natural tooth form, and then select the corresponding Trubyte New Hue form to create a denture suited to your patient's esthetic requirements.

An easy method of identifying a face form with its Trubyte New Hue Teeth form is to invert upper centrals and compare their form with the outline form of the patient's face, when built to proper length and fullness with bite rims or wax between the teeth. Select the Trubyte New Hue form most like the outline form of the face.

THE DENTISTS' SUPPLY COMPANY OF NEW YORK 220 West 42nd Street New York 18, N. Y.


DIAMOND INSTRUMENTS PLAINLY MARKED



AN ESTABLISHED TOOL—WITH A NEW NAME! Now, after four years enthusiastic acceptance by the dental profession, we offer them direct to you under our own trade mark and unconditional guarantee to satisfy.

CONVERSION OFFER—For old or new customers, an attractive Lucite Case **FREE** with the purchase of four or more tools. Designed for your convenience (7" L. x 4" W. x 2" H.) and the care of your diamond instruments. Send for catalog or order by familiar numbers. Immediate delivery all shapes, Denso.

Write for special offer to dentists returning from Service.

DIAMOND  AGENCIES - Box 311 - Pasadena, Calif.



Get a Free BS Polisher without obligation

In order to introduce you to the efficiency, smoothness, coolness and comfort of this soft, flexible rubber polisher, we will send you one absolutely free—without obligation. Use the coupon below.

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Gentlemen:

Without any obligation send us one of your B S POLISHERS — ABSOLUTELY FREE.

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Special forms for

General Practice, Exodontia, Orthodontia, Periodontia, School, Hospital, Laboratory Design, Health Diagnosis, X-Ray Diagnosis.

Write for Samples

H. M. CHANDLER CO.

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CRATEX

POLISH BETTER

Because of the superior polishing agents held with the needle-sharp abrasive particles within the special CRATEX rubberized binder. A product of CRATEX research and "know-how." Send for literature and FREE samples.

At All Good Dealers

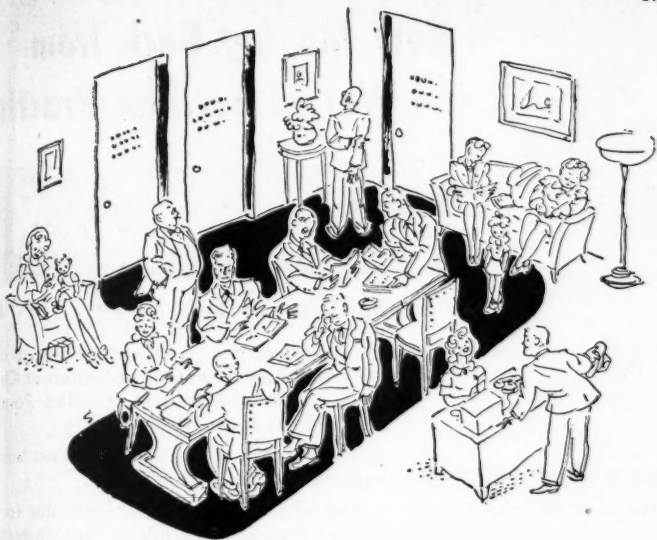
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WHEELS AND POINTS

CRATEX MANUFACTURING CO.
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The United Patients Conference

One thing the majority of patients are agreed upon is their dislike of long waits in the reception room. Some delays, of course, are unavoidable. If, however, you have been losing valuable operative time because of giving undivided attention to disinfecting instruments in those certain cases where cold disinfection is practicable—then here is **ARTICLE I** on your agenda: *Metaphen Disinfecting Solution*. • This widely used product, designed for cold disinfection of instruments, may be relied upon, in the absence of blood and exudate, to kill common pathogenic bacteria (except tubercle bacilli and certain spore-bearers) in *ten minutes or less*. Since the solution is nonirritating to the skin and oral tissues, instruments are ready for

immediate use without rinsing or drying; and no gummy deposit is left to interfere with their free action. • Metaphen Disinfecting Solution is fume-free and odor-free. It is stable, non-volatile, and even long continued use on clean instruments does not diminish its disinfecting potency. Metaphen Disinfecting Solution is available through prescription pharmacies everywhere in 1-quart and 1-gallon bottles. ABBOTT LABORATORIES, North Chicago, Illinois.

Metaphen
REG. U. S. PAT. OFF.

**Disinfecting
Solution**

*[4-nitro-anhydro-hydroxy-mercury-orthocresol, Abbott]



Now Moving Back from War to Civilian Practice

CHAYES PRECISION

HANDPIECES AND MOUNTED POINTS

For several months we have been able to divert an increasing part of our production of Chayes Precision Handpieces and Mounted Points to meet the needs of civilian dentists.

Starting as a trickle, this movement has now become an appreciable stream.

You who have waited so patiently for the Chayes Precision Handpiece, that Chayes Precision Contra Angle, for those Chayes Precision Mounted Points may now order, confidently, if not promptly, delivery.

CHAYES DENTAL INSTRUMENT CORP.

460 West 34th Street, New York 1, N. Y.



Manufacturers of
**CHAYES PRECISION HANDPIECE,
CONTRA ANGLE, MOUNTED POINTS,
ATTACHMENTS and Other Precision
Instruments for Dentistry.**

Send for literature.

Stainless Steel THROUGHOUT
with GLASS and BALL BEARINGS



EAS

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Write quantity prior

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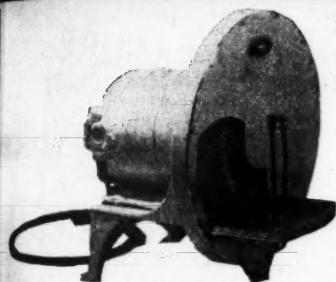
These a de and mouth 100% cotton plant adopt stretch quick

sample o

DR...

STREET

CITY a



EASY TO OPERATE

The Precision Model Trimmer is designed for maximum service in minimum time.

Trimming is swift and accurate—against a solid carborundum wheel. There is no danger of breaking or chipping. Model may be stone or plaster (wet, dry, green, or cured.)

There is nothing to set, adjust, clean, or lubricate.

Write for descriptive folder. Limited quantity of trimmers now available without priority.

KENNETH MILLS

4250 Gardenia Ave., Long Beach 7, Cal.

Super-Absorbent

COTTON ROLLS

These improved cotton rolls are a delight to the efficient dentist and are not harsh to the patient's mouth. They are actually spun from 100% pure surgical absorbent cotton to make them softer, more pliant and non-collapsible. They adopt easily into any position, are stretchable and small tufts are quickly detachable.

DENTAL ABSORBENTS CO.

Palms Station
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Send Samples of Craig-Martin Tooth Paste to:—
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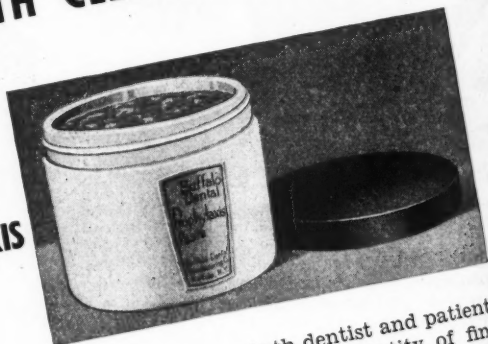
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With
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... the prepared cleaner that pleases both dentist and patient. Safe, fast, effective—it contains a generous quantity of fine Flour of Pumice. Easy-to-use—its special ingredients prevent spattering, separation, "balling up" and rolling off teeth. Suggesting perfect cleanliness—its pleasant flavor and color appeal to patients.

For fine quality at only \$1.00 per 10 oz. jar, be sure to say "Buffalo."

A DAINY DISH

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potent destroyers of air-borne bacteria and viruses, effectively reduce contamination of air at a rate far greater than any method of mechanical ventilation extant.

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Analyze this efficiency-economy rating—

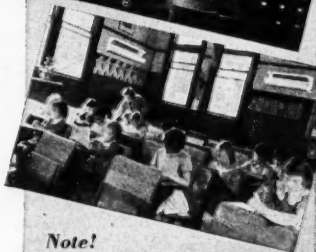
Over 85% of the ultraviolet energy output is within the germicidal range.

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Note!

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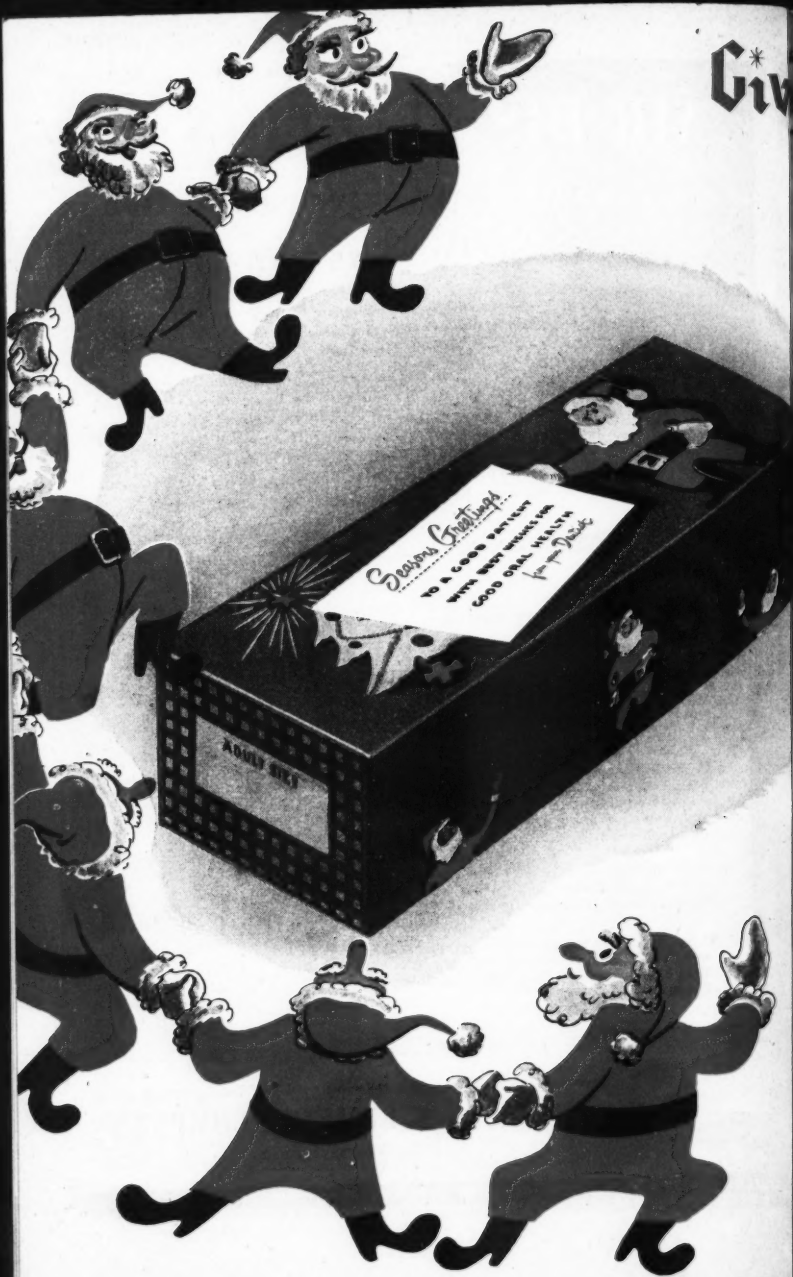


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Includes 30
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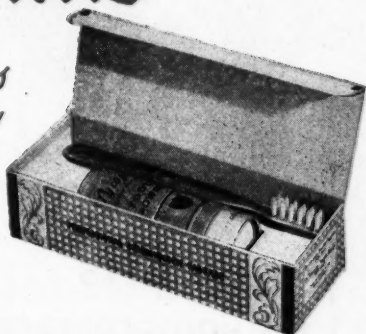
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*For many happy returns
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Give a Py-co-pay Kit and make a "double-barrel" hit! *First*—it will emphasize the importance of carrying out your instructions. • *Second*—it will serve as a daily reminder of the professional service you render. • The Py-co-pay Professional Combination Package is available in a special multi-color Christmas Wrapper. Check your needs on the coupon below for prompt shipment.

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Includes 50c Adult Py-co-pay Brush, and
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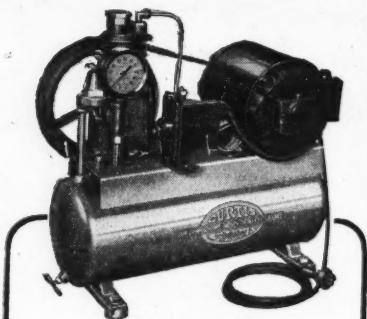
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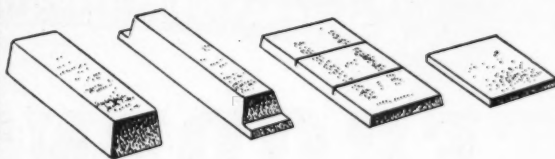
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WHAT IS THE 5TH INGREDIENT ?

Proper combination of four basic metals—silver, tin, zinc and copper—will make silver amalgam. It's the unstinted use of the Fifth Ingredient, however, that makes Caulk 20th Century Alloy preferred by thousands of dentists throughout the Nation.

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Caulk 20th Century Alloy contains the four basic ingredients.... It also contains the priceless Fifth.

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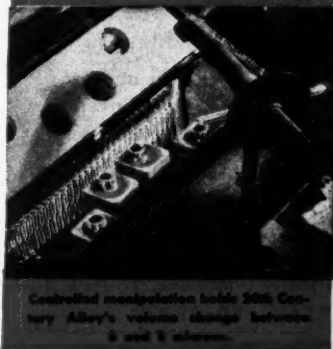
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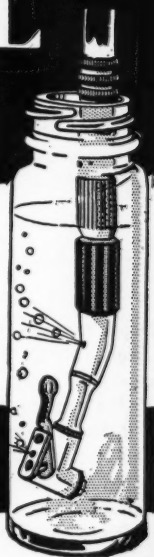
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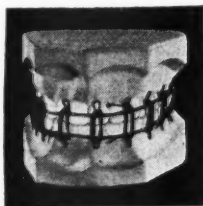
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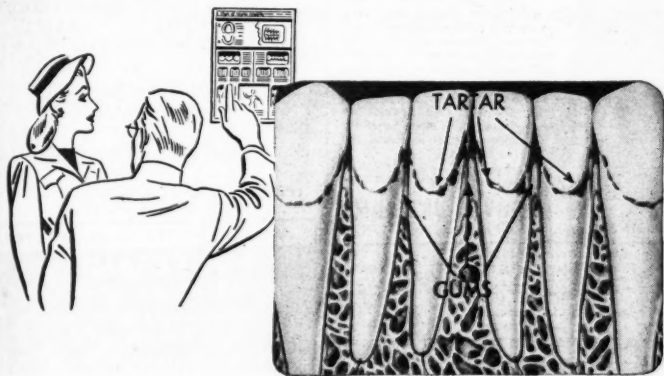
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"Here's how Pyorrhea happens, Mrs. Jones!"



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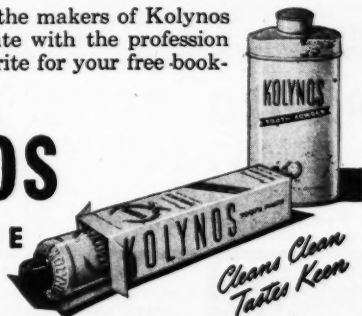
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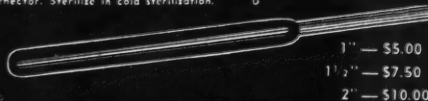
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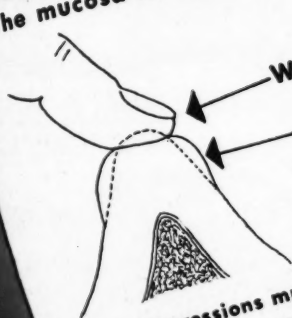
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Remember -

The mucosa is almost non-compressible



When pressed here
It bulges here
causing 2 voids in
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Impressions must be taken without pressure
on any area to produce dentures
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Zorite IMPRESSION CEMENT is a pleasant, resinous cement which (unlike plaster or oil-pastes) sets harder than compound by action of moisture in the tissue. It produces an exact, detailed negative of the mucosa in passive, normal state—and thus, a denture in uniform contact with tissue.

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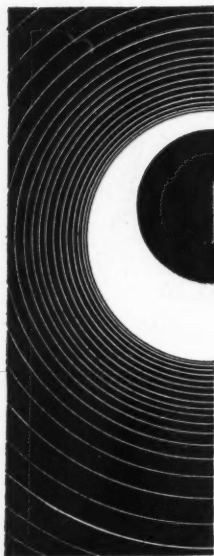
Synthetic IMPRESSION WAX, a new Bosworth product, is hard at 70° F., rigid at 95°, has 98% plus flow at 98.6°. It adheres well to dry surfaces and may be applied easily with fingers by flaming.

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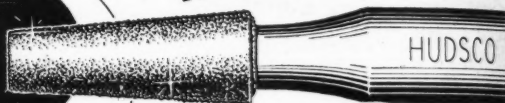
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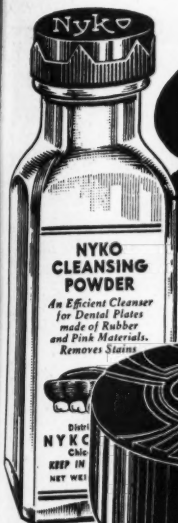
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A SOAK-CLEANSING BATH "The NYKO Way" FOR Perfect DENTURE HYGIENE

This Nyko Combination is important to you as a Dentist. It promotes the highest type of home cooperation . . . and builds patient good will for you. It is a boon to your patients because it reduces oral esthetics to the simplest and most efficient form . . . making easy the care and purification of artificial dentures.

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Abrasive-Containing Dentifrices

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Digest of Important Information on This Subject Now Available

The recent findings on abrasive-containing tooth-pastes and powders undoubtedly will have an effect on professional advice to patients, concerning dental hygiene in the home. Send for a copy of a scientific booklet which summarizes these findings, and judge for yourself. This booklet gives vital information on gingival recession and other important data concerning the teeth—of interest to every dentist.

Be sure to mail the coupon for your copy of "A Study of the Effects of Abrasive-Containing Dentifrices on the Teeth." With it we will send a professional sample of Teel, the liquid dentifrice that contains no abrasives.

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in Dentifrices

DU CERVICAL NOTCHES IN TEETH*

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Gingival recession, exposing softer dentin and cementum, occurs in 8 out of 10 adults, based on reports by dentists in a nation-wide survey.^{1, 2}

Abrasive-containing dentifrices may produce cervical notches in such exposed areas.³

Laboratory tests show that non-abrasive liquid TEEL does not produce cervical notches in such exposed areas.³

¹*Jour. Dent. Res.* 20:565-81 (1941)

²*Dent. Items of Int.* 66:760-69 (1944)

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Mail this coupon for your copy of the scientific paper which summarizes the important new findings on this subject.

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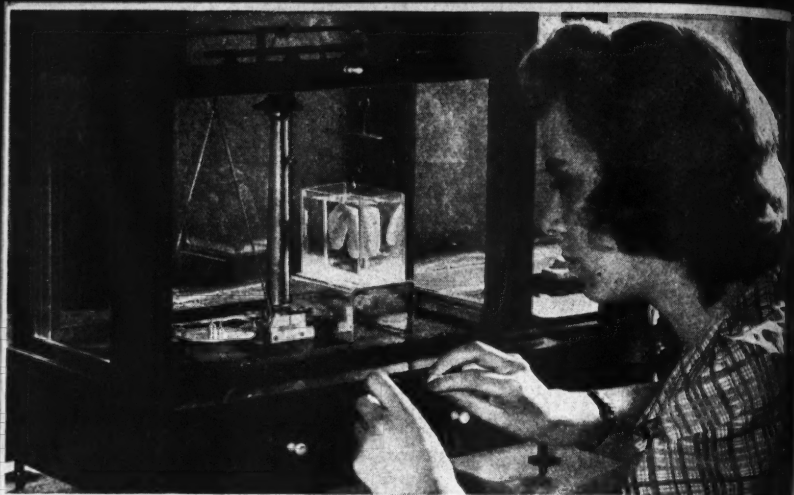
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If your result shows less than 1.186, look out! Something is displacing more water than the weight of the denture calls for. That something must be vacuum—internal porosity. And every dentist knows the shortcomings of porous dentures.

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For dentures that fit, standardize on this dense, super-quality new material.

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Trouble's a-brewin'...
if patients ain't chewin'!



Teeth and gums need their daily exercise for optimal health! But so often patients are inclined to forget—neglecting important *functional chewing*! Chewing makes teeth move in their sockets—ever so slightly, as Nature intended, stimulating local circulation!

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Three special types are available:

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P R E S S I O N

Compounds

1 Mizzy Low Heat (Red) Compound is plastic and ready for use at only 120° to 125° F. It is a superlative material for all technics. If you are looking for an accurate material that handles beautifully and is comfortable for the patient; try Mizzy Low Heat (RED) Compound, cakes and sticks and GREEN tracing sticks.

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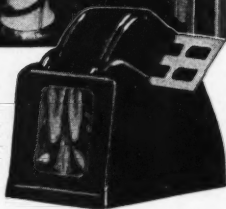
3 Mizzy Black Tray Compound is ideal for snap impressions. It is accurate, high-fusing yet it is also the most comfortable material you can use since it is plastic at only 140° F.

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■ A potent educational and selling force for the X-Ray equipped dental office. Shows a brilliant, enlarged image of the X-Ray film for better diagnosis—for patient education and for graphically and convincingly bringing home to your patient the urgent necessity of the work you recommend.

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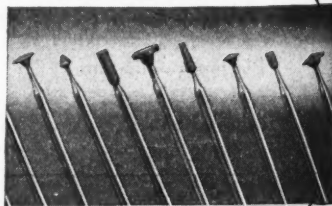
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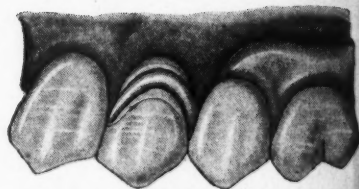
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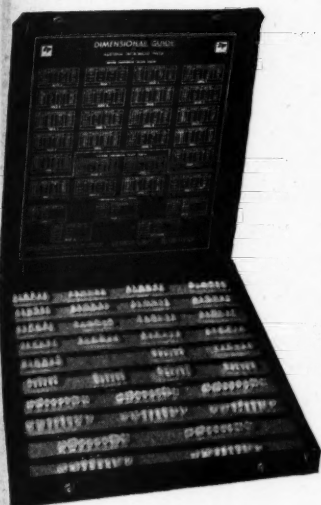
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The "Family tree"
as a guide
in tooth selection...

UNIVERSAL DENTAL COMPANY • 48th at BROWN STREET, ILL. 39

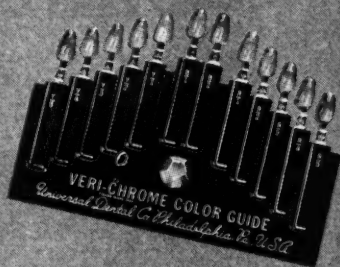
RESEARCH
 HAS SHOWN
 CONCLUSIVELY
 THAT THE
 "FAMILY"
 SIMILARITY
 OF TEETH
 PERSISTS
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 GENERATIONS
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 IS GOVERNED
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Within the family, hereditary dental traits offer guidance in the selection of teeth for the edentulous member. This biological approach in tooth selection is sound, scientific practice. Geneticists have noted definitely, that family traits of teeth are inherited from one generation to another. We know surely that a family similarity in the dentition of a brother, sister, child or grandchild presents the most likely clues to the characteristics and alignment of teeth for the edentulous relative.

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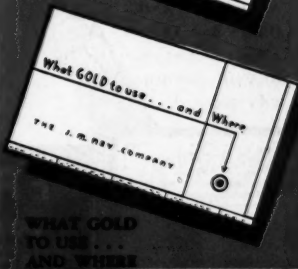
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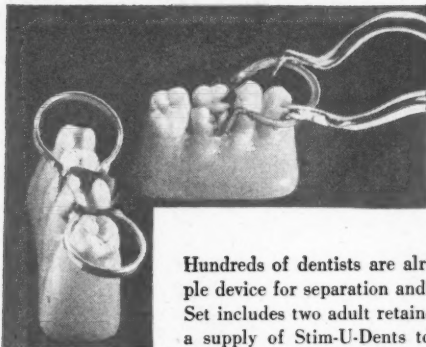
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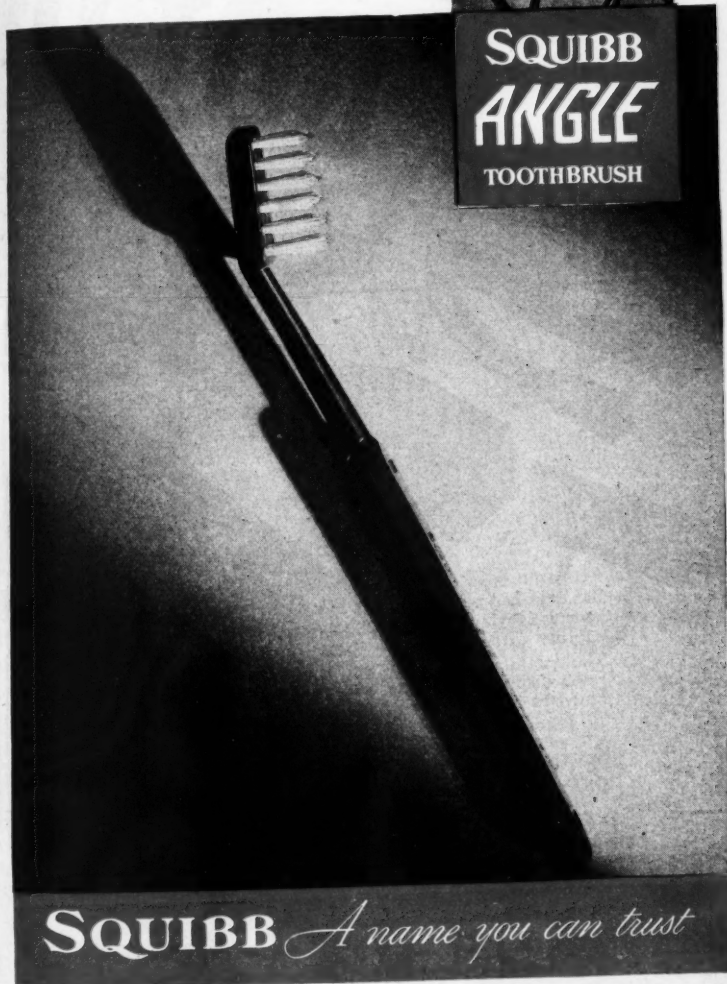
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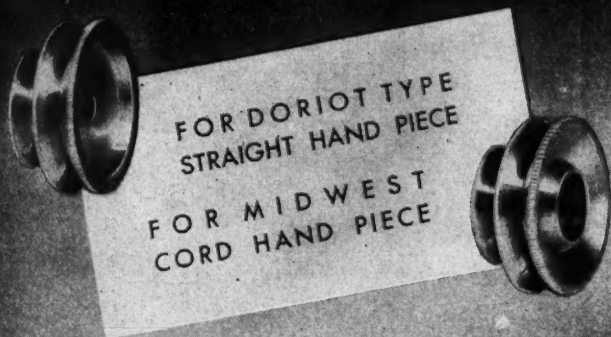
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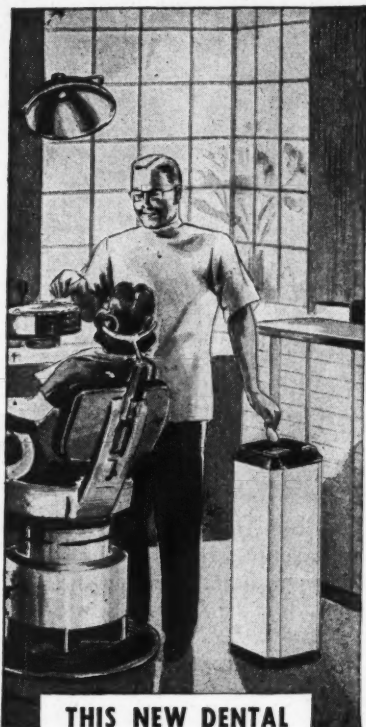
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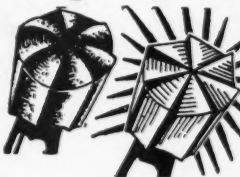
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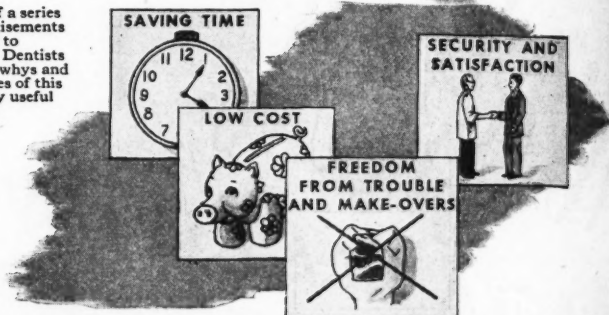
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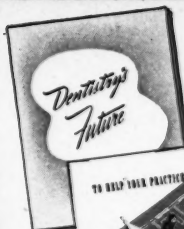
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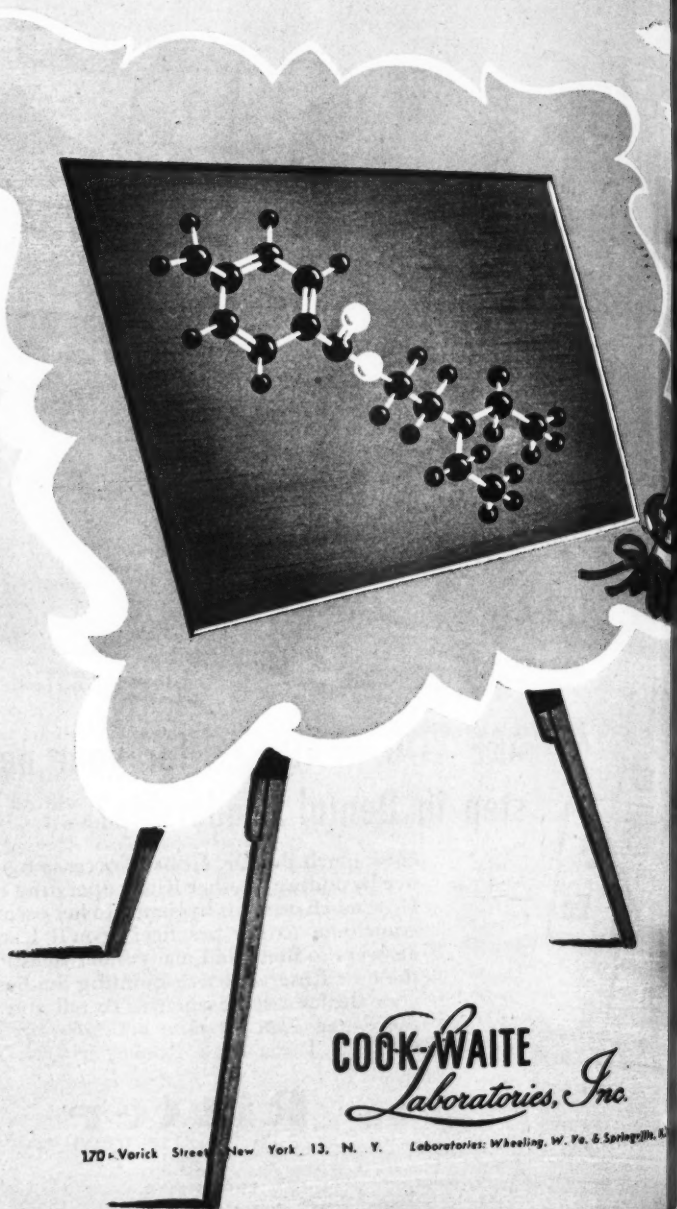
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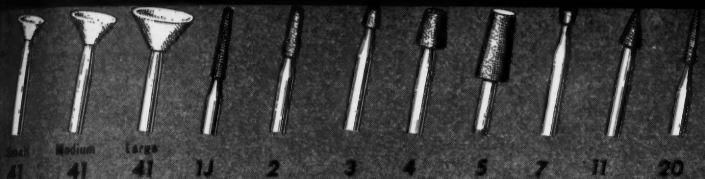
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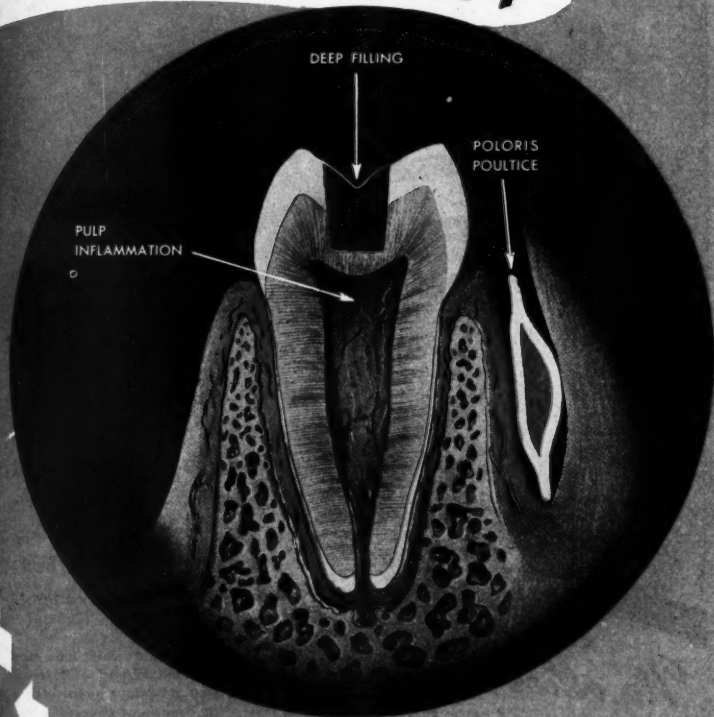
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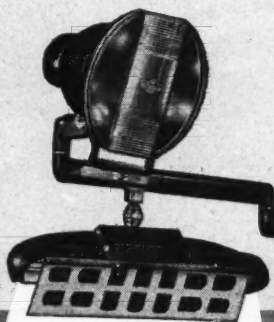
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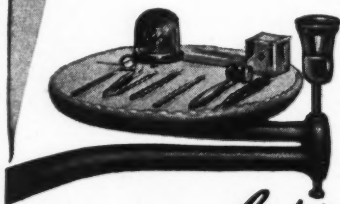


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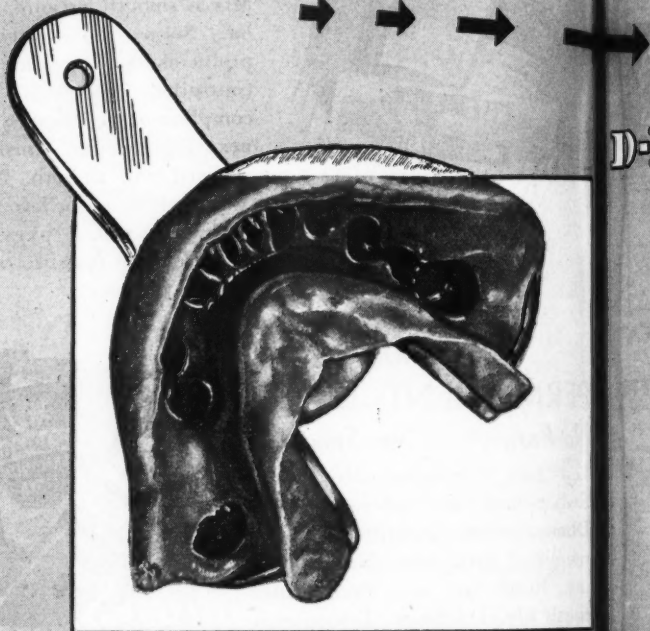


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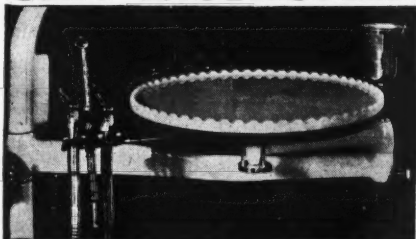
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DENTIST WANTED: Virginia license; one hundred and fifty dollars per week to start. Hours: daily, 9 A.M. to 5 P.M.—Saturday, 9 A.M. to 1 P.M., thirty-nine hours per week, no night or Sunday work. Your privilege of commission and salary or straight commission at any time you choose. Apply Dr. A. H. Goe, 222 East Broad Street, Richmond, Va.

FOR SALE: Complete dental equipment in excellent condition, very reasonably priced. Owner retired on account of health. Itemized list with price upon request. "10" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Busy two-chair office fully equipped, new Ritter Unit and X-ray. Best location and building. Low overhead. Located in Pennsylvania. "IS" Oral Hygiene, Pittsburgh, Pa.

DENTIST WANTED: Montana license. Must be good all-around man and good extractor. Top salary and percentage. Should average six hundred a month. Write Dr. E. E. Edmonson, Great Falls, Mont.

FOR SALE: S. S. White form-fitting chair, model 120 American Cabinet, Pelton & Crane cabinet sterilizer, Ritter Tri-Dent Unit with Cluster Light and Thermol Syringe. All good condition. Color mahogany. Price \$1,025. "HD," Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Beautiful colonial house together with dental practice and excellent equipment; established twenty-five years; best location and clientele. Good fees, cash business, twenty-one thousand in immediate vicinity, lot 99 ft. by 166 ft., nine rooms besides office, large sleeping porch, recreation room 28 ft. by 17 ft. with fireplace in basement, tile bath and coal stoker, laboratory and laundry in basement. Nice town to live in and good business. "X" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Completely equipped office twenty miles from Detroit. Ideal for young graduate. For particulars write Miss Lois Hutchins, 224 Euclid Avenue, Mt. Clemens, Michigan.

FOR SALE: Fully equipped dental office and good practice, half interest or all in one of the best and fastest growing cities in Georgia. Exceptional opportunity for ex-service man or any desiring a first class location. It will pay you to investigate. "W" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Dental practice and equipment in large manufacturing city of northern Ohio. Doing twenty-five thousand dollars annually. Beautiful office and equipment (will stand invoice) on prominent corner in nice office building. Price: seven thousand dollars. "OH" Oral Hygiene, Pittsburgh, Pa.

WANTED: Dentist in unopposed neighborhood of large industrial city, northern Ohio, to share modern office with well established physician. "RD" Oral Hygiene, Pittsburgh, Pa.

DENTAL TECHNICIANS WANTED: by Mid-Eastern laboratory. Crown and bridges, clasp and bar, denture finisher: five days—forty-hour week. State qualifications. "ECR" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Due to death, completely equipped two-chair dental office located in Austin, Minnesota. Town of twenty-five thousand. Excellent opportunity. Mrs. C. A. Roberts, 309 E. Mill Street, Austin, Minn.

PRACTICE WANTED: Would like to buy dental practice or office location in Arlington or Alexandria, Virginia. Please write to "B" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Dental practice established twenty-six years. Well-equipped office in my good brick home. Excellent location in best northeastern Ohio town of four thousand with large drawing outside territory. Price: eighteen thousand dollars including home, office, equipment and supplies on hand. The right man can pay for same in three years. Terms: five thousand dollars cash, balance monthly. Retiring on account of health. "JJ" Oral Hygiene, Pittsburgh, Pa.

DENTIST WANTED: Michigan license. Old-established Detroit group needs services of young man with good character and good personality. This connection is permanent and will net seven or eight thousand dollars per year to right party. "AA" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Modern two-chair, four-room office in fine office building. Beautiful, fast-growing San Diego, most wonderful spot in southern California. Dentist retiring after forty-five years. "AF" Oral Hygiene, Pittsburgh, Pa.

FOR SALE OR RENT: Fifty dollars per month or will lease on a percentage basis. Fully equipped, ground floor dental office established twenty-three years. Two operating rooms, business office, laboratory, reception room with good furniture, x-ray and nitrous-oxide equipment. City of twenty-thousand population, with ten active dentists. Excellent opportunity. Retiring on account of health. "GG" Oral Hygiene, Pittsburgh, Pa.

ATTENTION DENTISTS: Established dentist with heavy practice has an excellent proposition to offer middle-aged dentist to take over part of his practice. If you are interested in locating in Memphis, Tenn. "N" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Unopposed dental office and practice in prosperous and progressive small town in central Minnesota. New S. S. White Master Unit, air compressor; all other equipment good. Cash or terms. "GD" Oral Hygiene, Pittsburgh, Pa.

WANTED: Dentist with Oklahoma license for good established practice. Good salary. Write to "M" Oral Hygiene, Pittsburgh, Pa.

DENTIST WANTED: A capable dentist registered in New York state, under fifty years. Must be of good character and good personality. State age and salary. "F" Oral Hygiene, Pittsburgh, Pa.

WANTED: Dentist to specialize in orthodontia and for pedodontia. Must be licensed in District of Columbia. "48" Oral Hygiene, Pittsburgh, Pa.

WANTED: Dentist to specialize in gold inlays and plastic fillings. Must be licensed in District of Columbia. "87" Oral Hygiene, Pittsburgh, Pa.

DENTIST WANTED: to associate with long established and successful practice. Address M. E. Lederer, 2595 Clay Street, Apt. 3, San Francisco, Calif.

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WHO'S WHO AND WHERE

Although we aim for accuracy in this index, last-minute changes often alter page numbers and positions.

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SEMI-FORMED RIDGE LAP

FULLY FORMED RIDGE LAP

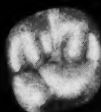
3 Ridge-Laps

The three types make it possible to select teeth which will fit any ridge with little or no alteration.

TYPE I



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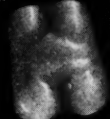
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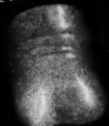
3 Occlusal Surfaces

The occlusal surfaces are anatomically carved. The essential difference between the three types is in the depth of bite, to simplify articulation with opposing natural or artificial teeth.

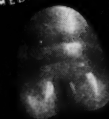
HIGH CUSPS



LOW CUSPS



MEDIUM CUSPS



3 Buccal Carvings

Each is artistically designed to simulate natural teeth. In the long moulds this is accomplished in one type by long necks, simulating exposed roots; in another by harmoniously proportioning the face and collar to the length. The third type is confined to relatively short moulds.

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*Each Type Made in
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To improve . . . is the first principle of the true scientist. That's why capable, efficient research chemists worked for months in our laboratories to improve strength and disintegration properties in silicate cements.

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Fit and comfort are assured when STANDARDLITE dentures are prescribed. They are processed from VITALON by Standard's experienced technicians whose precise techniques and long training have given them a country-wide reputation.

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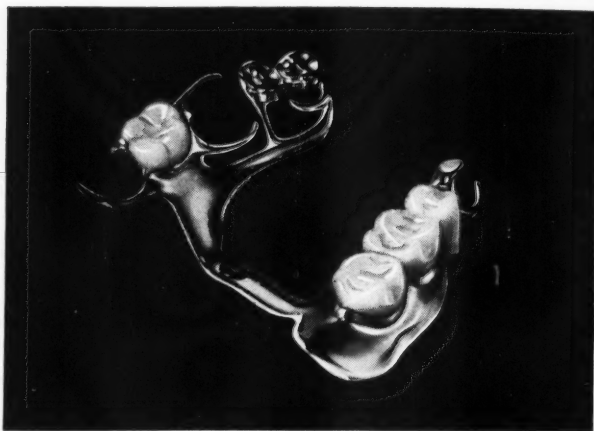
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Fresh supply of rolls is obtained without breaking in on unused rolls... they stay protected. Five packed units (50 rolls strapped in each unit) sealed in paper bag. Two diameter sizes... No. 2 ($\frac{3}{8}$ " dia.) and No. 3 ($\frac{1}{2}$ " dia.). Order from your dealer.

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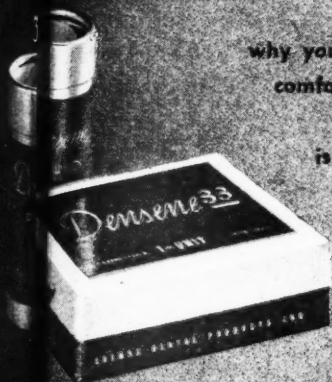


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- The time ordinarily consumed in grinding-in your denture cases can now be put to more valuable use.

With Densene "33", dimensional change is reduced to a negligible minimum. That's why Densene "33" cases fit . . . why you have little or no milling or grinding-in at the chair . . . why your patients can enjoy the great comfort that such accurate adaptation assures! Appearance? Doctor, it is amazing . . . so lifelike . . . so commendably deceptive.



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The Publisher's Corner

By Mass

Number 293

BABY TALK

A SHORT VISIT to a little town to see a small baby, a new one, in the hospital there. As it turned out, there were many small babies, new ones. Regimented in identical nighties, in identical cribs in long tidy rows, they lay there, kicking or comatose, looking so much alike that you worried about the labels coming unstuck. There beyond the plate-glass window, for all you knew they might have been whatever the big word is, comparable to "quintuplets," for six times that many brothers and sisters.

Then a cute little nurse trotted in. It was seven-thirty, the moment for which the growing crowd of admirers had been waiting impatiently—the babies' papas, and other close relatives, brothers and sisters of assorted sizes, with a sprinkling of grandmas and grandpas, and just plain admirers like me. The little nurse loved her job. Grinning, she'd cup her ear next the plate-glass through which relatives shouted *their* darling's name; then the trim little trick would scamper through the rows of cribs, check a label, and scamper back to the window with the priceless bundle. There, close up, in the light, you could see that regimentation stopped with the cribs and the nighties. The babies were *people*—red-faced, button-nosed, all half-pint size, but people with a variety of temperaments, expressions, and personalities. There were calm little guys, and noisy ones who'd probably turn out to be Congressmen; bored chums who opened one eye, saw none among us worth inspecting, and dozed off again; the

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belligerent, shoulder-chip type; one who looked even more like Churchill than the others; another so sage looking that he seemed to have come out of the everywhere into the here knowing all the answers even before diaper days. There were comedians, too, roguish rascals already practicing special monkey business; and at least one who snuggled up wolfishly to the tasty tomato in white, giving her the old eye with both his new peepers.

The main thing you got out of it is that people start right off to be people; personalities begin in little beds: kicking around in your very first nightie, you began to be you, and have had to live with yourself all the years after. And make the best of it—or the worst.

Veterans' Clearinghouse

Month before last, the CORNER offered to print free want ads for returning Dental Corps veterans, to act as a sort of clearinghouse for veterans seeking positions, or locations. If any of the following items interest you, please write to this department at the Pittsburgh office, referring specifically to the ones in which you are interested, each labeled with a letter:

A.—An Army captain, with a Pennsylvania license, expects soon to receive his discharge; he wants to buy a good Pennsylvania practice from someone contemplating retirement.

B.—A Los Angeles dental supply dealer offers to help California-licensed veterans obtain desirable locations.

C.—A New Jersey dentist says he would be glad to employ a veteran licensed in his state.

D.—A well-known Eastern dental manufacturer is on the lookout for several dentists or technicians who have qualifications for serving as salesmen-demonstrators, or clinicians, for his company. He knows laboratories, too, in urgent need of capable technicians.

E.—A Southern California dentist (veteran of the first World

War) is interested in corresponding with a veteran who might wish to become an associate, a partner, or ultimately take over his long-established practice.

F.—An Illinois dentist is interested in veterans who are good Illinois-licensed operators, promising them attractive remuneration.

G.—A Michigan dental manufacturer has an opening for a Dental Corps veteran who wishes to engage in selling upon returning to civilian life.

H.—A Pennsylvania-licensed veteran, who has reopened his office, seeks a part-time position with another dentist who needs a lift.

Buttonholing

Each month, ORAL HYGIENE buttonholes a cross-section group of readers, asks them about each article and department in the issue—then tabulates and analyzes readers' opinions for the



editors' guidance. Been doing it since April, 1942. To give you a notion of the paper work, here's a picture of the accumulated data up to this present minute.

each type
blank

Tape

DISTRIBUTION
BY

THESE FIVE..

SET A

(Shown twice actual size)



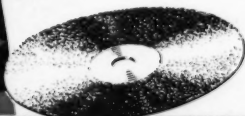
DENSCO BLU-WHITE Diamond Instruments
will handle 50% of cavity preparation!

Densco Blu-White Diamond Instruments, coupled with the efficiency of DENSCO Precision Handpieces, can bring to you cutting speed, accuracy, and economy of operation never before realized; together with a degree of patient comfort that is a sure-fire practice builder. Ask your salesman for information.

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Cut **FASTER-
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MADE BY THE OETTERMANN PROCESS

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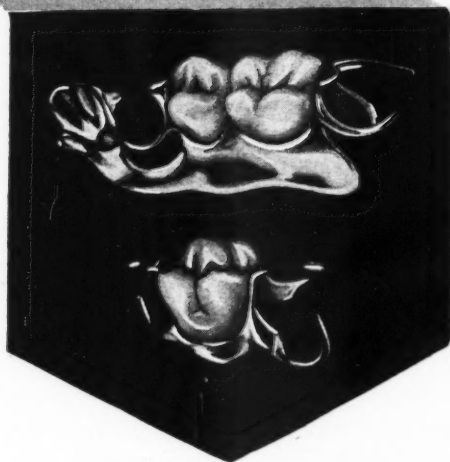
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h you VITALLIUM LABORATORY

VITALLIUM Laboratories throughout the world are one big family—each is independent, yet they are a unit in several respects. They all have a single, undeviating purpose: to serve the profession exceptionally well. From time to time, they pool their technical knowledge of improved techniques and materials. Special skills, efficiencies and economies are an open book in the common interests of all member laboratories in the group. And, in the background, supplementing and strengthening the service of each laboratory, are the technical resources of Austenal Laboratories, Inc., which has rightfully earned the designation: "the world's greatest dental laboratory research organization."

Other Good Austenal Products:

*Austenal Micromold Teeth • Vitalon Acrylic Resin Teeth
Vitalon Denture and Bridge Resin*

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Dimensional

IT TAKES A MICROSCOPE

TO SEE THE CHANGE

*V*ERNONITE has a high degree of dimensional stability—the important physical property that assures adaptation and comfort over a long period of years. So permanent is this stability that you cannot detect any change, even after years of service in the mouth, without the aid of scientific measuring apparatus involving microscopic readings.

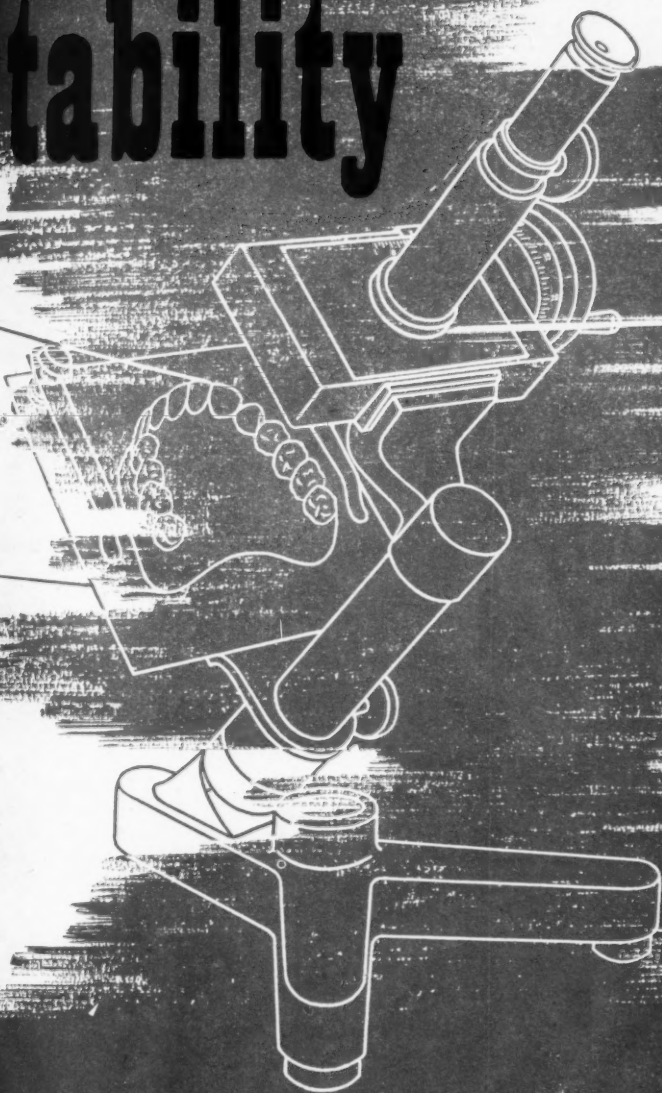
A properly constructed Vernonite restoration, when stabilized in regard to moisture (as in the oral cavity), *stays* dimensionally accurate to within about 0.1% linearly. When you consider that a denture has an average span of 50 mm, this means that the actual change in Vernonite is only approximately 0.05 mm—less than the thickness of the paper this statement is printed on, less than the thickness of a human hair or a silk thread.

You can make certain that your dentures will have such precision and that they will continue to provide complete functional perfection and patient comfort for the entire life of the cases . . . by insisting on genuine Vernonite and accepting no substitute.

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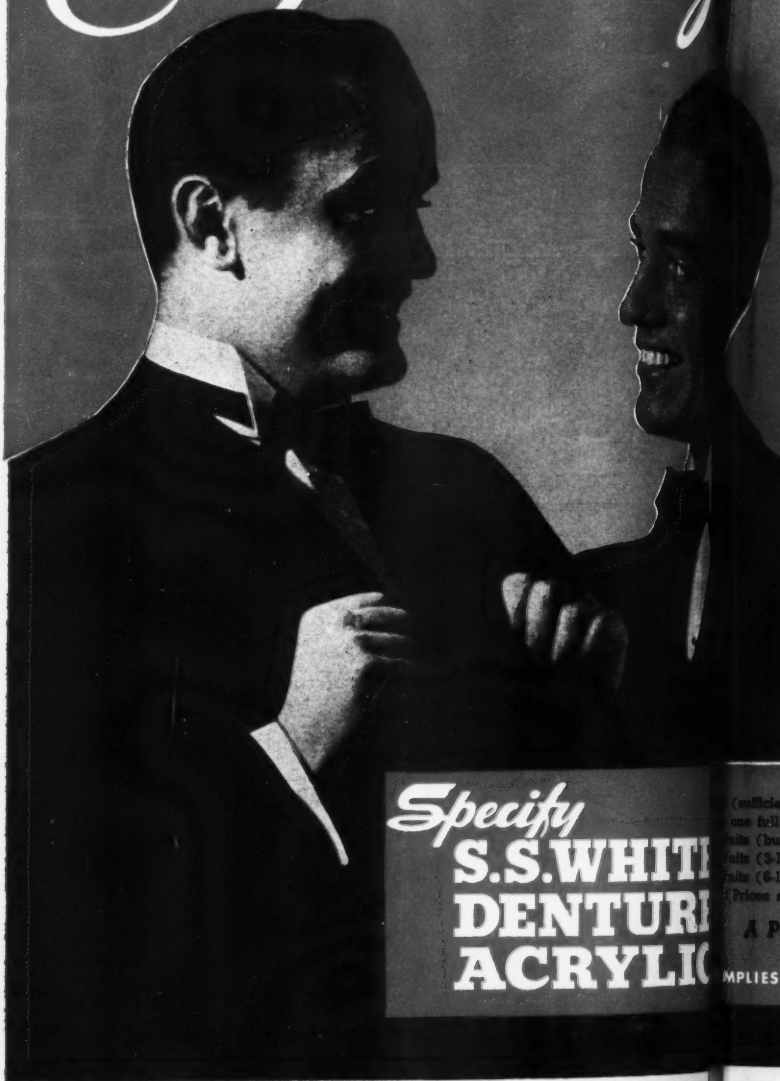
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DENTURE
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—even in "close-ups"

The basic substance of acrylic denture materials is transparent and colorless. Any color, any color tone, and any degree of translucence can be produced in it by the addition of pigments and opacifiers.

It is obvious therefore that one acrylic denture material can be made to approximate more closely than others the color and texture of oral tissue.

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The value of this knowledge and experience is reflected in S. S. White Denture Acrylic. Its physical properties place it abreast of the foremost acrylic denture materials in the market. It is free of plasticizers and other harmful adulterants. It has a uniformly good behavior during processing. It is durable, comfortable, and efficient in service. And beyond all these, it has the "living look" which is a prime requisite in the mind of the patient.



(sufficient for one full upper
one full lower) \$ 1.00
white (bulk pkg.) 14.00—\$1.40 per unit
white (3-10 unit pkg.)... 33.00— 1.30 per unit
white (6-10 unit pkg.)... 72.00— 1.30 per unit
(Prices subject to change without notice)

**A Powder-Liquid Type Acrylic
PINK AND CLEAR**

COMPLIES WITH A.D.A. SPECIFICATION No. 12

THE S. S. WHITE DENTAL MFG. CO., PHILADELPHIA 5, PA.



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the perfect adhesive for dentures

Came into being not long after the turn of the century. This leader of adhesives is a dental product known and prescribed wherever dentistry is practiced.

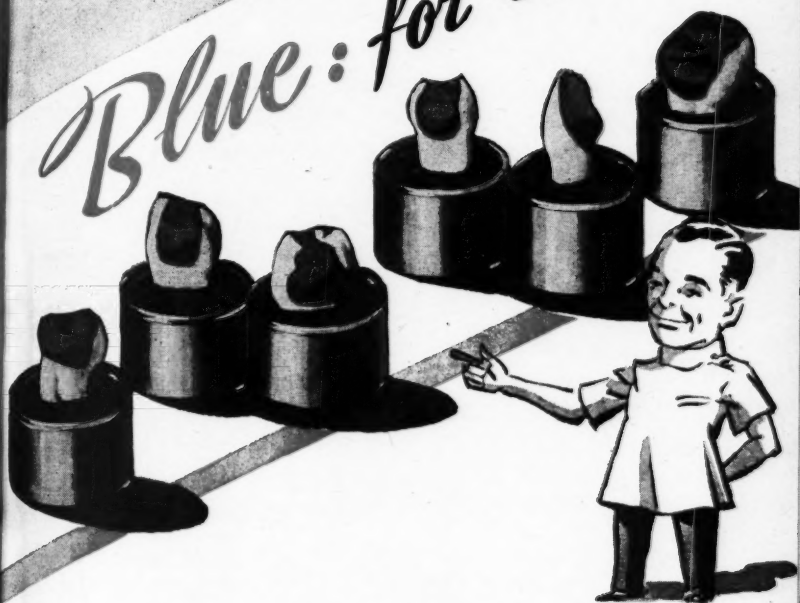
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CORE-GA**

CO-RE-GA is not advertised to the public.

COREGA CHEMICAL COMPANY
208 St. Clair Ave., N.W. Cleveland 13, Ohio

Blue: for Cause



THERE'S a very good reason why Kerr Blue Inlay Wax is blue. That reason is the striking contrast which this precise shade of blue creates against the creamy whiteness of a tooth. Because of this contrast, you carve margins more closely and with more confidence. So your result is a better inlay.

Yet this precise coloration is only one small factor in the world leadership of Kerr Blue Inlay Wax. Far more important is the combination of materials which make up the wax itself.

Kerr color can be closely imitated. But Kerr Wax has never yet been duplicated. Nor Kerr Wax performance.

Kerr Ivory Inlay Wax for acrylic work is, except in pigment, identical with Kerr Blue. Ask your dealer.

KERR DENTAL MFG. CO., • Est. 1891 • Detroit 8, Michigan

KERR Inlay Waxes



The "Family tree"
as a guide
in tooth selection...

UNIVERSAL DENTAL COMPANY • 48th at BROWN STREET a. 39,

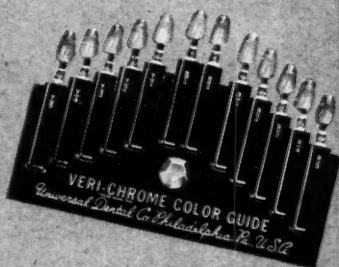
RESEARCH
 HAS SHOWN
 CONCLUSIVE
 THAT THE
 "FAMILY"
 SIMILARITY
 OF TEETH
 PERSISTS
 THROUGH
 GENERATIONS
 AND
 IS GOVERNED
 BY THE
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Within the family, hereditary dental traits offer guidance in the selection of teeth for the edentulous member. This biological approach in tooth selection is sound, scientific practice. Geneticists have noted definitely, that family traits of teeth are inherited from one generation to another. We know surely that a family similarity in the dentition of a brother, sister, child or grandchild presents the most likely clues to the characteristics and alignment of teeth for the edentulous relative.

How do Five-Phase Anteriors help to facilitate such a procedure? Instead of the usual "fixed patterns," Five-Phase Anteriors provide: 1. Varied labial surfaces characteristic of natural teeth. 2. Co-acting proximal contacts—for easiest set-up and transposition of anteriors from different sets. 3. Veri-chrome Colors—following nature's plan of controlled brilliance. 4. Superior porcelain—simulating natural tooth structure in depth, refraction and translucency. 5. Scientific sizing—for easiest selection.

In short, Five-Phase Anteriors reproduce the lifelike variations of natural teeth . . . providing the only means by which all the natural characteristics of the patients' teeth are available for reproduction in the denture. ★ ★ ★ ★ ★ ★ ★ ★ ★ ★



CONTROLLED

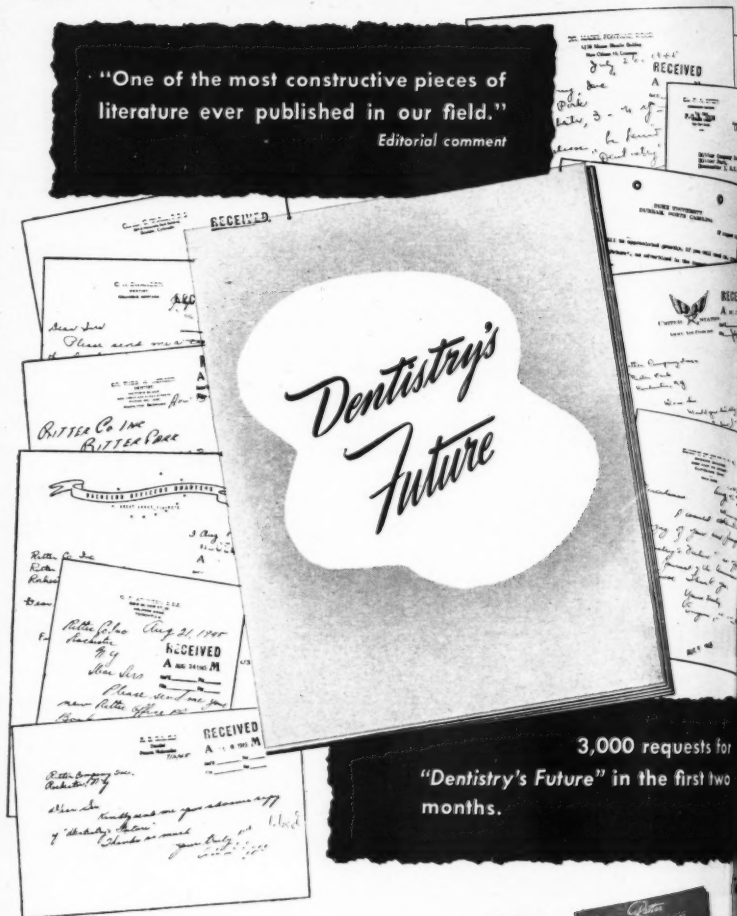
MADE IN
**Veri-
chrome**
COLORS

BRILLIANCE

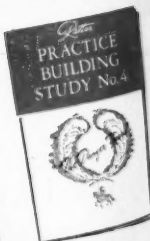
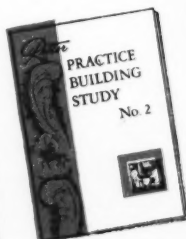
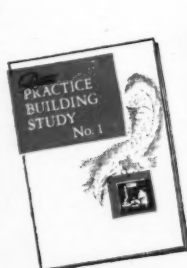
FIVE PHASE
A N T E R I O R S

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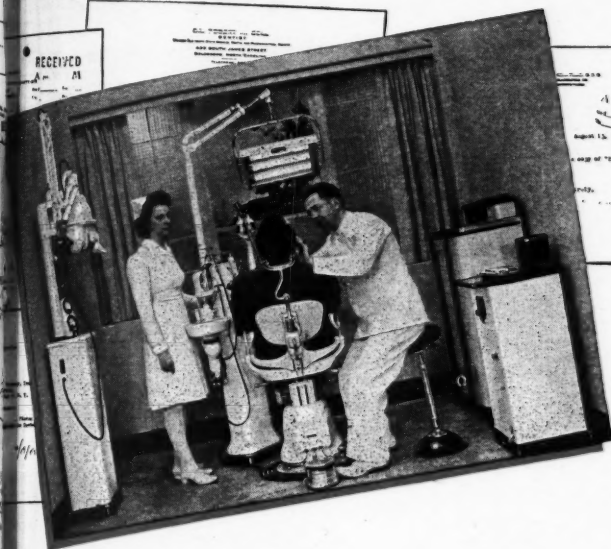
Editorial comment



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ROCHESTER, N. Y.



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The Purple Heart—awarded to persons wounded in action against the enemy

THE GUNS are silent once more. For the men with the guns, the war is over. But for the thousands of medical men in the service, the war still goes—their "war in white" in behalf of the wounded, the wearers of the Purple Heart. Doctors that they are, they well know how much a cigarette can mean to an invalid soldier. And as servicemen too, they know what a big favorite Camels have been, and are, with men in the service.

Camels

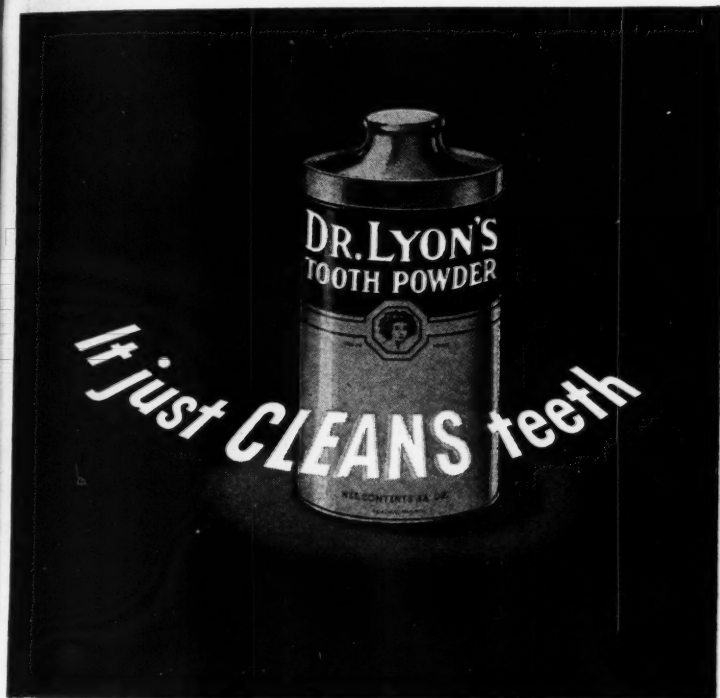
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R. J. Reynolds Tobacco Company. Winston-Salem, N. C.

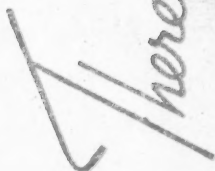


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An ideal dentifrice for home use

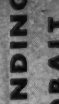


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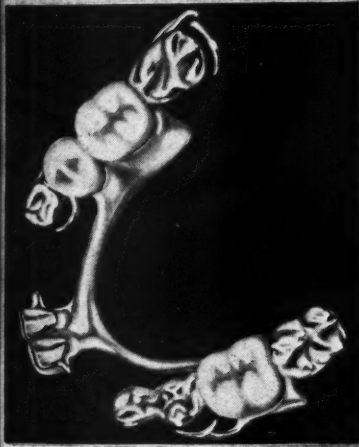
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... you'll always find one and
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So it is among men and the
implements they employ to attain leadership. DURALLIUM, for ex-
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*Based on average reported values for milk.

Rational Aid

As the end of the fourth decade of life approaches, many changes occur which presage the approach of late middle age. Degenerative processes are at their inception, and unless special measures are taken to forestall their inevitable development, old age with its many infirmities is ushered in too cordially. In the realm of dentistry, these phenomena are only too well demonstrated.

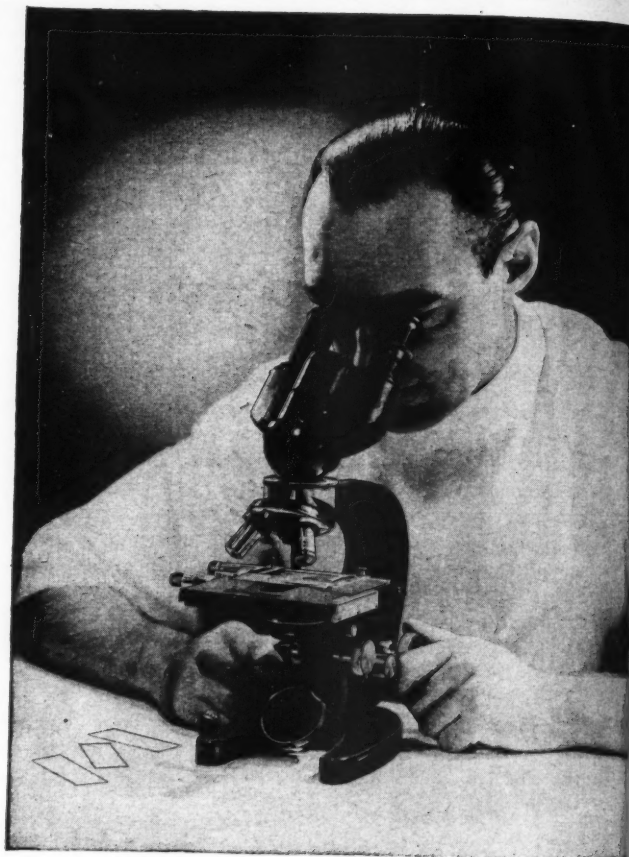
Maintenance of an optimal nutritional state is one of the most effective means of pre-

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Not even the emergency conditions of doing business in war-time have changed the FASTEETH formula. Many dentists and denture wearers say FASTEETH "holds better, lasts longer," and this is not just accidental.

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Helps



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TO HELP FLUSH THE

Sal Hepatica



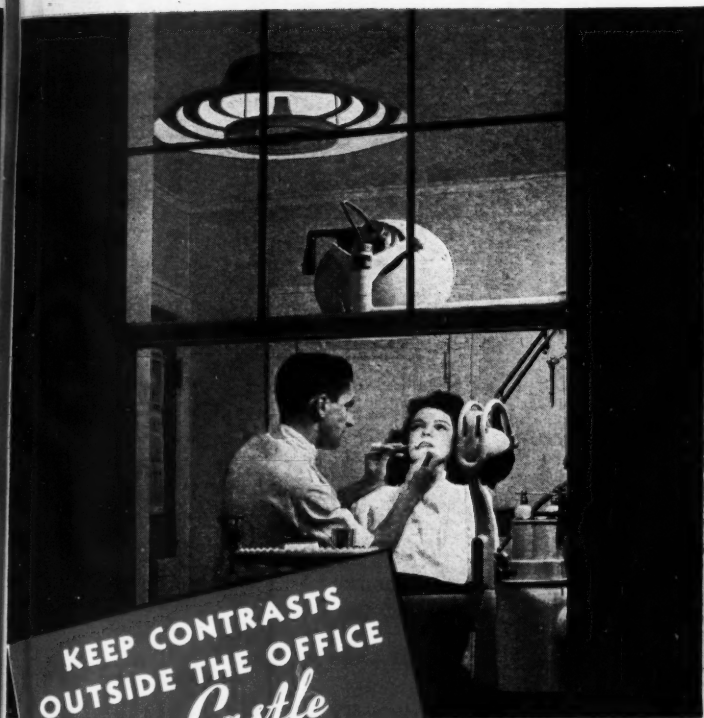
SUPPLIES

INTESTINAL TRACT

Liquid Bulk!

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DENTISTS SHOWING MARKED PREFERENCE

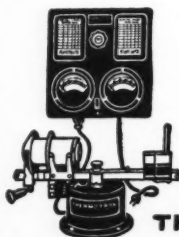
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